STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospital er institu-tion, give Its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

That I attended the deceased from

The CAUSE OF DEATH * was as follows:

whreulous

1927 (Address) ... *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients er Recent Residents)

In the yrs......ds. State.....yrs......mos......ds

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

If more banks are needed, addross State Registrar, 16 W. Saratas St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: 'a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coul mine, etc

Stitement of Cause of Death—Name, first, the DIS-PLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphaid fever (never report "Typhoid Pneumonia"); ushar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopmeumonia (secondary) stated unless important. inges, peritonaeum, etc., Carcinonu, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sopsis, tclanus) may be stated under the head of "contributory." embolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite: avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	14884 STATE OF MARYLAND
County Utoru	CERTIFICATE OF DEATH
2	(90) Registration Dist. No. 108
Village or City Read (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sourilla a,	Clery tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH SQ (0 , 1950
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Walive on 1974,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2 A m.
77 1 day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Cleux Cardias Dilitation
particular kind of work	
(State or country)	Contributory Secondary With the Region of the Contributory Secondary With the Regions of the Contributory Secondary With the Regions of the Contributory Secondary With the Regions of the Contributory Secondary Second
10 NAME OF That I Land	(Signed) To (Address) To Chapping
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER aug of hotor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Drew Galdanist	Former or usual residence
(Informant) Bruestiet	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALL FIRST CL SEL (2, 1933)
Filed 12/12/10192 Con Offe fee Coare	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Management Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Whooping cough; approved by tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic etc. The contributory valvular heart disease;

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing heath, Housemaid, etc. If the occupation, has been changed ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer: Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name. first, the practice causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Corchrashinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cudu)"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childhirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such a "Asthenia," "Anaemia" "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." ary), 10 ds. Never report mere symptoms or terminal eausing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ingra, peritonacum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valuatar heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease (second-(merely

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All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	12354 STATE OF MARYLAND
County Churchs	CERTIFICATE OF DEATH
0 10:1	Registration Dist. No. 104
Village or City KARK Ford (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Wrute the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h alive on
yrs	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. mus. 66. Contributory Swoondary
10 NAME OF FATHER S. Bailey 11 BIRTHPEACE OF FATHER (Stal or country) 12 MAIOEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant) Kalin G. J.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR: RECENT RESIDENTS) At place lo the software contracted, li not at place of death? Former or usual rasideace
(Address) Rolls Comb	Preschant DATE OF BURIAL 10-10-, 1030
Filed 10-10 198 0 2 2 - Fragation	29 UNDERTAKER A A ADDRESS

If more blanks are needed, address State Registrar & W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness, or given up on account of the nisease causing neath, write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal nane, etc. (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-For persons, who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Beath—Name, first, the disease causing death of Cause of Beath—Name, first, the disease causing disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. "PUERPERAL perilonitis," ctc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the nius," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplessus); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.
(name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of as "Puerperal septichaemia," Examples: Accidental drowning, State cause for which Never report mere

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/		1 NACE OF PEATH	00054	CTATE OF MARY AND
		PLACE OF DEATH	02851	STATE OF MARYLAND CERTIFICATE OF DEATH
	Q .	County Character	(All)	
	,≺ led	/ Me /	(14-0)	Registration Dist. No./
CORD	EXACTLY y classifie	Village or City Markey (No. 2FULL NAME Rolm Bo	rel.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
70	stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
ING	0 0 X	Hade Black SINGLE, MARRIED. MARRIED. WIDOWED. MARRIED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Mich 12, 1980 (Month) (Day) (Year)
A PERM	shoul t it ma s on b	6 DATE OF BIRTH Mach 12, 1852 (Month) (Day) (Year)	that I jast saw h	CERTIFY, That I attanded the deceased from
ED FOR	nc on		and that death occurrence The CAUSE OF DEAT	red on the date stated abova, at 3 Q 'm, H* was as follows: hat Josephan Lage.
ESERVE INKTI	efully supplied in plain terms tant. See instr	B OCCUPATION (a) Trade, profession or farmer particular kind of work (b) General nature of industry business, or establishment in		
RGIN RI	be caref EATH in importa	which employed or (employer) BIRTHPLACE (State or country) (structured on delay)	Contributory Secondary	(Durstion)yrsmosds.
MAR H UNI	hould OF D s very	10 NAME OF FATHER WILLIAMS	(Signed) Le. Mch /3 1928	(Address) Ringal M.D.
T	AUSE ION I	OF FATHER Z (State or country)	*State the Dis Violent Causes, sta Accidental, Suicidal of	sease Causing Death or, in deaths from the (1) Means of Lingury and (2) Whether or Homicidal.
LY,		12 MAIDEN NAME OF MOTHER		SIDENCE (For Hospitals, institutions, Trans-
AIN	f Inford stat	13 BIRTHPLACE OF MOTHER (State or country)	At place of death	osds. In thedsdsds.
TE	shoul	(Informant) Colon O Sall	if not at place of death Former or usual residence),
3	Every II CIANS stateme	(Address) Washington DC	Hiel 3	16/2 9110/. Thek 14, 1930
T	m i	Filed In arch 14 1920 Ta Southerland Registrar	20 UNDERTAKER	- Vomenkey DIA
	2	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., E	Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, ," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not be

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	1 _{PLACE}	OF DE	ATH			
	County C	har	lis			
Vill	age or City	Ru	usie	de (No	
	2FU	LL NAME	Jos	fel	unce	Bam
	PERSON	NAL AND	STATISTI	CALF	ARTICUL	ARS
3 s	ex	Blas	OR RACE	OR D	RIED. TO WED. IVORCED the word)	il
6 D	ATE OF BIR	тн	Dec (Month)		(Day)	, 1930 (Year)
7 A	GE ()	ra. 0	mos	2	f LESS than I day hrs. or min.?
) (E	Trade, practicular kinds) General nusiness, or enhanced	ofession o d of work ature of in stablishme	ndustry nt in	one		
9 B	(State or co	untry)C/	raslis	vc	hmo	1
RENTS		ACE IER r couatry)	Jay	loz	Bone	tes
PAR	12 MAIDEN OF MOTI 13 BIRTHP OF MOTI (State of	LACE	char	lis		n
14	(Informant	John	o the BEST	loz	Bane	ster
15	Add			MY	8	MA.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward) Stief both (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Que 2, 1930
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	192 te, 192,
	that I last saw halive on, 192,
1	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	Sleff Birth
	Threquere no physician in
	Juiguer no prigre
	allundan equitation) yrs
	Contributory Secondary
	(Duration) yrsmosds.
	(Signed) C Thompson M. D.
	Dec 13 1930 (Address) Doncaster Mic
	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents) At place In the
	of deathyrsmosds. Stateyrsmosds.
•	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Oak from md bue 13 130
	20 UNDERTAKER ADDRESS
	Onl Taylor Banette Realistical

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetoborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (re-Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomolive engineer, But in many

Stetement of Cause of Death—Name, first, the DISTILL AND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," telanius) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

f. R. No.

PLACE OF DEATH County.

Village or

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6 DATE OF

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(b) Gene business. which en

BIRTHPL (State 10 NA FAT

13 BIF OF (S 14 THE AS

PARENTS

STATE OF MARYLAND CERTIFICATE OF DEATH

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r.	Total Park
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77	10 11 11
	The It

Registration Dist. No. 103

2FULL NAME James Bur	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 al Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Omit Rowy, 1874 (Month) (Day) (Year)	that I last saw halive on, 192,
GE [If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows:
56 yrs mos ds. or min.?	no Physician in alterdance for some-
a) I rade, profession or factorial forms of the state of	his sickness at that time by information fromouration
(State or country) Charles Co.	Contributory Secondary (Duration) yrs mos de
10 NAME OF FATHER Hanson Burber	(Signed) Syst 13 1930 (Address newspers).
OF FATHER (State or country) Charles Co	*State the Discase Causing Deatly, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Lettic and Prix	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Charles Co	At place of deathyrsds. In the Stateyrsds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William & Barker	Former or usual residence.
(Address) Wiconico ms	nurter Cernetry Sept 12, 1930
Filed Sift 12 1920 G P Tilefult	Chas 77. Roby Bel-alton

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balte, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Seruant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is ncces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. Salesman. (b) Locomolive engineer, The material (trocery)

as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinoma, Sarconua, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisonal by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY Whooping cough; American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," Chronic valvular etc. The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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chould be stated EXACTLY, F. it may be properly classifled. of certificate. in terms so that it may be See instructions on back ACE carefully supplied. CF DEATH in plair Should t NOI state CCU2 statement of occu Every Item of CIANS should

	PLACE OF DEATH
(County Charles
Vill	lage or City Luttu (No.
	2 FULL NAME Stall both Jarbe
	PERSONAL AND STATISTICAL PARTICULARS
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
6 D	DATE OF BIRTH
	(Month) (Day) (Year) th
7 A	GE [If LESS than as I day hrs. T
	yrsds. ormin.?
Ope (k	occupation a) Trade, profession or articular kind of work o) General nature of industry usiness, or establishment in which employed or (employer)
9 B	(State or country) Charles Ching.
	10 NAME OF PATHER OF CON Garher (6)
RENTS	OF FATHER (State or country) Chas & Indi-
PARE	OF MOTHER Margaret Elizabeth agree 18
	OF MOTHER (State or country)
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) May 10 Nes 15
15	Filed Mar 24 1920 & allein Forge Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

er twen;	(If death occurred in a hospital or institu- tion, give its NAME li- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Mar.	24 a 192 30
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
192 to	, 192,
that I last saw halive on	, 192,
and that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	The second secon
	000000000000000000000000000000000000000
Contributory Secondary (Duration) (Signed) (Signed) (Address)	yrs mos ds. yrs mos ds. Quatar D
*State the liscase Causing Death Violent Causes, state (1) Mcans of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
1B LENGTH OF RESIDENCE (For Hosp ients (Recent Residents)	itals, Institutions, Trans-
At place of deat' yrsmosds. Ste	e ateyrsmosds,
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
at Home neura Malle	man 25, 1930
20 UN DERTAKER	ADDRESS

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, 10 For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully cm-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bro hopnoumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Chronic interstitial nephritis, cough; Chronic etc. valvular heart disease; Nomenclature The contributory

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PLACE OF DEATH	
County Charles	
Village or City a Plata (No.	
2FULL NAME Stell form	1 Da
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	1
male colory (Write the word)	
B DATE OF BIRTH	
Month) (Day) (Y	30 "
7 AGE (IfLESS	
1 day	hrs. T
mos. ds. or	min.?
a) OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	4
9 BIRTHPLACE (State or country) Charles C M	1.
10 NAME OF FATHER () & Car . Carle	1 5
of Til BIRTHPLACE OF FATHER OF OF FATHER	-
OF FATHER (State or country) 12 MAIDEN NAME 14 P	0
of MOTHER Mangaret Elyabeth Ja	zyla i
OF MOTHER (State or country) Chas. Co. Mo	- 4
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	i
man Si	F
(Informant) // WW	1
(Address) have lake ma	
Filed Mar 24 1928 Registr	24.

02853 STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No. /O O

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
mm)	stead of street and number.)

6 DATE OF DEATH	1930
)(Year)
17 I HEREBY CERTIFY, That I attended to	he deceased from
192 to	, 192,
that I last saw halive on	, 192
and that death occurred on the date stoted above, The CAUSE OF DEATH * was as follows:	atm,
() a ()	
Tall for	
Contributory Secondary	ds.
(Signed) Lilla Voce Ma. 24. 1920 (Address) . a Pla	Register mo
*State the I is ase Causing Death, or, in Violent Causes, state (1) Means of Injury as Accidental, Suicidal or Homicidal.	n deaths from nd (2) Whether
18 LENGTH OF RESIDENCE (For Hospitols, In	stitutions, Trans-
At place In the of dea' yrs	rsds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
at Home near ha tota Me	21 25,130
20 UN DERTAKER ADDI	RESS
Maria Maria	CIMO.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation (6) Automobile factory. The material Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diplutheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart lanure, "Old Age," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic "Heart failure," "Haemorrhage, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.... (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. BINDIN OR DIVORCED (Write the word) 6 DATE OF BIRTH EREBY CERTIFY, That I retended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, as I day hrs. The CAUSE OF DEATH * or min. up **B** OCCUPATION 96 (a) Trade, profession or particular kind of work a (b) General nature of industry Q business, or establishment in mporta (Duration) which employed or (employer) ATH Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF (Signad shoul FATHER (Address) 11 BIRTHPLACE USE RENTS OF FATHER Disease Causing Death, or, in (State or country) Causes, state (1) Means of Anjury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP) ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State of death should ent of Oc (State or country) Where was disease contracted, Every Item of CIANS should statement of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.. usual residence. (Address) 20 UNIDERTAKE If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile_factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation and children, not gainfully em-Laborer-Coal mine, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart Always qualify all not be disease;

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V. S. No. 1

	PLACE OF DEATH County Charles	07921 STATE OF MARYLAND CERTIFICATE OF DEATH
	~. ·	Registration Dist. No
certifloate.	FULL NAME Calheria Rou	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of atreet and number.
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	BEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year)
6	DATE OF BIRTH (North) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw h alive bn 192 192 192 192 192 192 193 193 193 193 193 193 193 193 193 193
Instructions	yrs. mos. 2 weeks. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Charles Country	(Durstion) yes, mos ds	
	BIRTHPLACE . A A A C	Contributory June Culosis Secondary and Spinal trouble. (Duration) yrs. mos. ds.
s very	11 BIRTHPLACE	(Signed) Lillian Mosey Reg M. D.
NO.	OF FATHER (State or country) Charles & md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4 0	of MOTHER Hallie Scott	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Charles Co	At place of deathyrsds. In theyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
statement	(Informant) Edward 12 anes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
state	Filed July 1 1923 d Fillian Posey	2D UNDERTAKER acting ADDRESS Por Johace h
=		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocworked on may form part of the second statement Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive (6) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless importan+ Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anachia" (mercly symptomuse of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report.mere symptoms or terminal condi Chronic and consequences (e.g., sepsis chopneumonia (secondary) etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Nelly / NCCON (No	St.: Ward) A Correct St.: Ward) a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 23 29, 19230 (Month (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE yrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Pand-	Contributor Secondary (Duration) (Duration)
10 NAME OF FATHER Sulvester Darnes 11 BIRTHPLACE OF FATHER (State or country) Charles Cy Md 12 MAIDEN NAME OF MOTHER SALLIE SMITH	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Charles Co max	ients r Recent Residents) At place of deat' yrs
(Informant) (Address) (Address)	if not at place of dea.h? Former or ust al residence 19 PLACE OF BURIAL OR REMOVAL Calbura and the place of Burial 20 UN DERTAKER DATE OF BURIAL 20 UN DERTAKER
If more banks are needed, addre-s State Registrate	Sylvestry Barnes Mc Concluser, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queslaborer, Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bre chopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condicough; Chronic etc. The valvular heart discase contributory

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V. S. No. 1.

C	PLACE OF DEATH Ounty Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 106
Villa	age or City Indian Head (No	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	dex description of the second description of	July 25 , 1620 (Month) (Day) (Year)
May 19 , 1 1929 (Month) (Day) (Year)		July 24 1930, to July 24 1930. 929 that I last sow h IM alive on July 24 1930.
7 AG		than hrs. The CAUSE OF DEATH ** was es follows:
(b)	n) Trade, profession or articular kind of work. None O) General nature of industry usiness, or establishment in which employed or (employer). IRTHPLACE (State or country) Charles Co.	Contributory Secondary (Duration)
	10 NAME OF FATHER Sidney Barnett	(Signed) A 7414 MARTINET M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME OF MOTHER Elener Jenes	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrsmosda, State,yrsmosda,
15	(Informant) & Sanda Bandt (Address) Calian Head M	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Date of BURIAL Substitution Substitution 20 UNDERTAKER ADDRESS
,	Registrar	(J Brown Somonken mi

If more blanks are needed, address State Registrar, 16 N. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CENTER OF DEATH

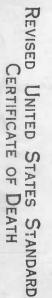
(Approved by U. Census and America) Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couseas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal train-accident: Revolver wound of head-homicide; Examples: Accidental decorning; Struck-by willow State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus." "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart vulsious," conditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); Poisoned by carbolic acid—probably suicide. The uacausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inyes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Always qualify all failure," "Haemor-"Anaemia" "Coma," Measies; (discase (merely (second-"Con-

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(Approved by U. S. Census and American Public Health Association.)

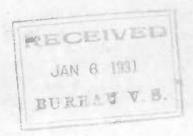
should be used only when needed. As examples: (a) tired 6 yrs. state occupation at beginning of illness. If retired from er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of culness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor. Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer. (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Salesman. single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEAN CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valrular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, pcrilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railroay train taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease Nomenclature of the contributory

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PLACE OF DEATH	14886 STATE OF MARYLAND
County Clarles	CERTIFICATE OF DEATH
Village or City W White Players	Registration Dist. No. 108
2 FULL NAME Sufact to	St.; Ward) St.; Ward) Review is name instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE MARRIED, WIDOWED OR DIVORCED OWN Tite the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) 1930 (Year)	17 I HEREBY CERTIFY. That I attended deceased from
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in	(Burstien) yrs mea da
which emplayed (or employer) BIRTHPLACE (State or country) 10 NAME OF A A A A A	Centributory Secondary Deration yra. mes ds
FATHER WHETH DECLESSES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signsd) (Signsd) (State the Disease Causing Dwath, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Is the of death yrs
(Informant) Coule My KNOWCEDGE	Where was dissass contracted, If not at place of death? Former or usual residence
(Informant) Active Heler (Address) Hally My Filed Luc 9 130 M Amount	19 PROACE OF BURIAL OF REMOVA DATE OF BURIAL THE PROACE OF BURIAL OF REMOVA TO UNDERTAKER TO
If more blanks are needed, address State Registrar, 16	6 W. Saratuga St., Balto., Requesting V. S. No. 1.



REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed us At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

s; inal meningitis"; Dightheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrosphia! s, inal meningitis"; Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EA. I CAUSING DEATH (the primary affection with respect) Strtement of Cause of Death-Name, first, the bis-Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under diseases resalting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic intersitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railreay train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Nomenclature Measles of the death

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V. S. No. 1

PLACE OF DEATH County Mules	02855 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 103
Village or City Men Hanksun (No. 2FULL NAME James L. B.	St.: Ward) (If death occurred in a hospit I or institution, give its NAME i. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE. MATTREE, WIDOWSON OR BUYOUS (Write the word)	16 DATE OF DEATH Meer 30 , 1:30 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) 1929	192 to , 192 ,
7 AGE If LESS than 1 day hrs. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Constitution	Contributor Presentation by Secondary Secondary Such Contributor (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Bussie W. Smith	(Signed)
13 BIRTHPLACE OF MOTHER (State or courage) Cleans C.	ients or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Freekur Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Shilo bentery Mar 31. 1930 20 UNDERTAKER ADDRESS
Filed (man 30 1930 - lehal M. Holy Registrar	Thomas C. Bandboll Trankner
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, Housemoid, etc. If the occupation has been changed to report specifically the occupations of loborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. (b) Collon mill; (a) Salesman. Compositor, (b) Automobile factory. The materia. For persons who have no occupation Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, (b) persons en-The ques-Grocery,

Statement of Cause of Death—Name, first, the DISE EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinol lever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetonus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from ehildbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart lauure, "Old Age," "Shock," "Old Age," "Shock," "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcastes (disease Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges. perilonoeum, etc., Carcinoma, Sarcama, etc., of unqualified, is indefinite; Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underas fracture of skull, and consequences e.g., scpsis, and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need Chronic volvular heart discose; etc. The contributory not be

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(Approved by U. S. Census and American Public Health Association.)

or given my offercount of the disease causing dearn, state or unition at be inding of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Househoepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it busine. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Housemaid, et Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocetc., Foreman, For many occupations a single word or term on or At Home, and wite None Farm laborer. (b) Colton mill; (a) Salesmon, without more precise specification as For pursons who have no occupation fact may be indicated thus; Farmer (re-(b) Automobile factory. The material If the occupation has been changed the kind of work and also (b) the Laborer-Architect, Locomotive engineer, children, not gainfully em--Coul mine, etc. Wom-(b) persons en-The ques-Grocery; Day

heat of Cause of Death—Name, first, the distime and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningiti"; Linhiharia avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar programma, Bronchopneumonia ("Pneumonia");

> totanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) for malignant neoplasms); Chronic valvular heart Example: Measles (disease affection need etc. The contributory Nomenclature of the Measles; not be disease;

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4

PLACE	OF	DEATH		,
County		ha	rl	2

14888

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /0/

	Registration Dist. No. / 9/
Village or City Desgale (No.	St.: Ward) (If death occurred in
2FULL NAME / Lerman	Babie Bouve tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OLC 8, 1920
6 DATE OF BIRTH	17 I HEREBY SERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to ,192 , that I last saw halive on, 192,
7 AGE Strell for the de. or min.?	and that death occurred on the date stated above, at 2 47m.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yremosds.
which employed or (employer) 9 BIRTHPLACE (State or eountry) 10 NAME OF	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Signed)
of 11 BIRTHPLACE	Lec 10 192,0 (Address) Marbury Ind
(State or country) Charles CO. Ind.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MORA E, Posey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) fulles Co Tund	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Richard Burnel	Former or usual residence
(Address) Pis gul, Zul	Cross Roads Md Dec 10, 19 70
Filed Sec 10 1920 Ta Southerland Registrar	Hunt + Ryon Waldard
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired fron should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, (b) Colton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or 11 Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremun, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic ccrebrospinal meningitis"; Dividheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumomia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on Nomenclature Chronic valvular heart Example: Measles (disease etc. The contributory not be disease;

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PLACE OF DEATH	0358 STATE OF MARYLAND
County Chartes	(45) CERTIFICATE OF DEATH
0:	Registration Dist. No. 60
Village or City S 9 901 (No	St.: Ward) OUNCL: (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Hute Single, Midoned OR DIVORCED (Write the word)	16 DATE OF DEATH 8 , 193 0
6 DATE OF BIRTH Feb. 12 1852	12 HEREBY CERTIFY, That I attended the deceased from 13, 1930,
(Month) (Day) (Year)	that I last saw he alive on from 2, 1990,
7 AGE If LESS than I day hrs. yrs	
8 OCCUPATION (a) Trade, profession or Farmer Aparticular kind of work	Carcinoma of intestines.
(b) General nature of industry	Curra A
business, or establishment in which employed or (employer)	(Durstion) yrs, mos. ds.
9 BIRTHPLACE (State or country) Charles Cv. 241.	Contributory Secondary (Quration) Lyrs
10 NAME DE Chelbert Borne.	(Sigged) Seo, C. Beakwell, M.D.
OF FATHER (State or country Charles Co. 2014).	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret Elizabeth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) chas a CO. Md	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) IS, Dowel	usual residence
(Address) Sizgale, and.	lugal, And Jon 15, 1930.
15 Filed Jan 15792 / Ta Southerland Registra,	Hent Ryon Waldorf, In
lf more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Baito, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification. Laborer, Laborer, Laborer,—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Former (re-Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of worked on may form part of the second statement. Physicini, Compositor, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Soreomo, etc., of approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably swieide. The n.ture of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	14889 STATE OF MARYLAND
County (Marie,	CERTIFICATE OF DEATH
10.	Registration Dist. No./ 0/
Village or City 129alu No. B	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR PACE 5 SINGLE.	16 DATE OF DEATH
Hemale White MARRIED, Married WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Opril 2/ 1892	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Chalive on Acc 1 8, 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at
3 8 yrs. (mos. / 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Houseur Le	Tuesperal Homorshage
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,
9 BIRTHPLACE (State or country) Charles Cer 74d,	Contributory Secondary (Duption)
10 NAME OF Jas. Posey	(Signed) Gev. C. Dichnell M. D. D. C. S. 1926 (Address) markery, Myd
OF FATHER (State or country) Charles De. Ind.	*State the Disease Causing Death, or, in that from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maggie Maddy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Charles Cr. PHd,	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Michael Bowie	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jugah yng,	gerose Roads, Md Dec. 10. 10 3.
15 Filed 1720 1920 a Street Registrar	Hunts Ryon Waldof, M.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

C VINC

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census 2nd American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material Laborer-Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart Langue," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic valvular heart disease; chopneumonia (secondary), The n ture of the injury, etc. The contributory affection need Always qualify all not be

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Z

T RESTREAM EXACT Statement	Villa 3 SE	ge or City Willed (No. ,) 2 FULL NAME Deychiel PERSONAL AND STATISTICAL PARTICULARS EX 4 COLOR OR HACE 5 SINGLE MARRIED 7 MARRIE	State of Maryland CERTIFICATE OF DEATH Registration Dist. No. St; Ward) St; Ward) Medical Certificate of Death Medical Certificate of Death
ING INK—THIS IS PERMANENT ITY SUPPLIED. AGE Should be stated runs, so that it may be properly eleructions on back of certificate.	7 AG	WIDOWED OR DIVORCED OR DIVORCED (Write the word) ATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Year) If LESS than 1 day, hrs. OR min.? CCUPATION (Some of work of the word of the work of the word of the	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h alive on dead 191 and that death occurred on the date stated above, at m. The CAUSE OF DEATH *) was as follows: Authorized On Classification (Buration) yee mos. 48.
MARGIN RESERT OF PLAINIX WITH UNFADING of ormatio ould be carefully state CAUSE OF UCATH in plain terms at ion is very to ortant. See instruction	PARENTS	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country)	Centributory Secondary (Buration) (Buration) (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Al place is the of death yrs. mes. de State, yrs mee da Where was disease contracted, if not at place of death? Former or usual residence

15 REGISTRAR 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

DATE OF BURIAL

'f more blanks am monded, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1

Approved by U. S. Census and American Public Health

business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill, (a) Salesman, (b) (irocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil ness of various pursuits can be known. The question "Foreman," "Manager," "Desler." of the second statement. mobile factory. is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, urespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," ctc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid uneumonia"); Lohar pneumonia. Bronchopneumonia of lungs, meninanqualified, is indefinite); Tuberculosis of lungs, meninandus

6

genital, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations mus," lapse," and consequences (c. g., sepsis, telamus) may be stated head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL. OF as probably such, if impossible to determine definitely. Examples: Academial drawning, state MEANS OF INJURY and qualify as ACCIDENTAL, Struck surgical operation was undertaken. "PUERPERAL peritonitis." etc. State cause for which birth or miscorrage as "PIERPERAL septicharmia," etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. genital, "Senile," etc.), "Propsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitiai "Tumor" for malignant neoplasins); Measles, Whooping (name origin: "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shock," by railway train-accident. Revolver wound of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy." "Col-ma," "Convalsions," "Debility" ("Con-The contributory (secondary or intercur-"I racinia." "Weakness," carbolic and-probably FOR VIOLENT DEATHS Never report mere

14-ths certificate is looked over thoroughly and all questions, an awored in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.



see letter from S. mo

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook write None state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobils factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line applies to each and every person, irrespective of age. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Jireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, menis-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puentenal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL perilonitis," etc. State cause for which cause. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," Never report mere ACCIDENTAL, important

If this certificate is looked over thoroughly and all questions (answered in detail, it will prevent further correspondence. All the data is executed and must be obtained before the certificate is primariantly fild.

N. B.--

	1PLACE OF DEATH	06635 STATE OF MARYLAND
	County (legisters	CERTIFICATE OF DEATH Regularation Dist. No. 100
	Village or City () Jerny No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Neele Huit Single, MARRIED, WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH 26, 1920 (Month) (Day) (Year)
	6 DATE OF BIRTH Celach.	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) Keaf)	
	7 AGE Cloud If LESS than I day	and that death occurred on the date stated above, at
	B OCCUPATION (a) Trade, profession or Merclenic II. Lung	Of The first
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
	9 BIRTHPLACE (State or country Ulana Office	Contributory Secondary (Duration) yrs mos de.
'	10 NAME OF FATHER Der /	(Signed) M. D.
	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the I base Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Out Kenn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
	(Informant) Comes Hostley	if not at place of dea.h?
	(Address) Rock Pout Mid	Washington DC June 2/1930
	Filed me 26 1980 m D Haydan Registrar	Herry G Penn La Plalatio
	If more blanks are needed, agure s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic affection need etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

14890

STATE OF MARYLAND CERTIFICATE OF DEATH

7/ 100	Registration Dist. No. / 00
or City Malder (No. 19)	St.; Ward) [If death occurred to a hospitel or institution, give its NAME instead of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
use of the word of the word	16 DATE OF DEATH December 17, 1980. (Month) (Day), 1980.
OF BIRTH When the Company (Year)	that I last saw he salive on Ock 1930
oal 6 Vyrs. mos. ds. or min.?	and that death occurred on the date stated above, at
JPATION rade, profession, or attome	Kronie Dryklo Usia
eneral nature of industry ss, or establishment in employed (or employer)	i Burstion) yrs. finos. ds.
Are or country)	Centributory Secondary (Ourstlee) yrs. mes ds
PRAME OF Strick Oroun	(Signal) 9. 6 8 nonve
BIRTH PLACE OF FATHER (State or country) MAIDEN NAME	*State the Disrase Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicioal or Howicidal.
OF MOTHER Naria Wills	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country)	At stace in the of death yrsds State,yrs mes de.
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MAINT MARCELLUS STORES	Where was disease confracted, If not at piace of death? Former or anual restdecce
(Address) Waldry Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SIGNAL
UC 17,030 M. R Mores =	20 UNDERTAKER TRUSK - Pal AN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Association.

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the bousehold only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer" of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery, (a) Foreman, (b) Autoonly when needed. As examples. (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coul mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in At home. Care should be Never return rte, without more If retired from "Laborer." of age.

Statement of Cause of Death—Name, first, the dispass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur mneumonia. Hronchopneumonia ("Pneumonia," neningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

genital. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. head-homicide: Poisoned by carbolic acid-probably Struck by roilway train-accident: Revolver to determine definitely. Examples: Accidental drowning. SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL peritonites," etc. birth or miscarriage as "l'UNIPERAL septichuemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "11 cmorrhage." "Inaution," "Marasetc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Never cough; ('hronic valandar heart disease; ('hronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. " Апаепіа" symptoms or terminal conditions, such as "Asthenia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephriles, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Соша," "Senile," (merely symptomatic), The contributory (secondary or intercur-"Convulsions," etc.), "Uropsy. State cause for which "Debility" ("Con-"Atrophy." "Exhaustion." report niere punon "(Co)-

tions answered in detail, it will prevent further correspondent. All the data is essential and must be obtained before the germinent is permanently filed.

JAN 6 1931 BUREAU V

MARGIN

V. S. No. 1.

See instructions on back of certificate.

OCCUPATION IS very

1	PLACE	OF	DEATH
v	0	h	arles

STATE OF MARYLAND CERTIFICATE OF DEATH

menting

/ A	Rogistration Dist. No. 10 3
Village or City Newburg (No,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 8 SINGLE WIDOWED ON BUTCHER OF WITOWED ON BUTCHER OF WITH THE WORLD	. 10 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	and that death occurred on the date stated above, at 31.50 pm.
OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer).	Contributory
(State or country) Charles Caundy 10 NAME OF FATHER GROUPS Inceptly brown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER William Washing In	Secondary (Buallen) (Signad) (Signad) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 'S TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place the st death yrs. mes. da Stata, yrs. mes da Where we disease contracted. If not at place of death? Formar or usual residence
(Address) Devoluty & S	Sharly-formuleer ON 7, 1917. O. 20 UNDERTAKER ADDRESS

If more blanks are aneded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Approved by U. S. Geneas and American Public Health Association.

only when needed. As examples: (a) Spinner, (b) Cotton write None or given up on aecount of the DISEASE CAUSING DEATH employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement Never return "Laborer," mobile foctory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, urrespective of age. "Foreman, Statement of Occupation-Precise statement of occupa-Coul mine, etc. many occupations a single word or term on the Compositor, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever " "Manager," "Dealer, Women at home, who are engaged in Architect, the occupations of persons Locomotive engineer, ric., If retired from without more (b) Auto-16.11.)

Statement of Cause of Death—Name, first, the DISEASE, CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia. Bronchopneumonia ("Pneumonia," meninqualified, is indefinite); Tuberculosis of lungs, menin-

mus," chopneumonia (secondary), 10 ds. "Tumor" for malignant meoplasms); Measles: Whooping ges, perilonaeum, etc., Carrinoma, Sarcoma, etc., of ... "Heart failure," "H encorrhage," "Inantition," "Marassymptoms or terminal conditions, such as "Asthenia," neparalis, etc. cough, Chrome vilenter heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puenpenal septicharmia," etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by to determine definitely. Examples. Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. "Augenia" (merely symptomatie), "Old Age," "Shock. by railway train-accident; Revolver Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull The congribatory (secondary or intercur-"Convulsions," "Debility" ("Cou-"Urormia," "Weakness." carbalic and -probably State cause for which Never report mere "Atrophy," (Recommendations to munon

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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UPE

	PLACE OF DEATH
C	ounty Muslin
	age or City Int Victoria (No
	PERSONAL AND STATISTICAL PARTICULARS
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED
6 D.	ATE OF BIRTH /2 - /2 - /52
	435,630
	(Month) (Day) (Year)
AG	If LESS than I dayhrs.
W	O) General nature of industry usiness, or establishment in hich employed or (employer)
	10 NAME OF FATHER TO A CONTROL OF THE PARTY
ENTS	11 BIRTHPLACE OF FATHER (State or country)
PAR	12 MAIDEN NAME OF MOTHER Loles Ford
	18 BIRTHPLACE OF MOTHER (State or bountry)
14 T	(Informant) And Colored (Address)
is F	iled 4 - 2" -1923 0 2 8- Highen Registrar

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10

(If death occurred in a hospital or institu-

m	stead of street and number.)
MEDICAL CERTI	FICATE OF DEATH
16 DATE OF DEATH	4-3-,1630 Month) (Day) (Year)
0 1 11 1	Thet I attended the deceased from , 192,
thet I last saw h silva on and that death occurred on the	~31
The CAUSE OF DEATH & was as	
fends /	en funnish
Contributory	ration)yrsmosde.
(Signed) (Du	of the state of th
4 - 5' - 1930 (Address)	101.
	ng Death, or, in deaths from ns of Injury; and (2) whether
18 LENGTH OF RESIDENCE (Interpretate of Recent Residents)	For Hospitals, Institutions, Trans-
At place of death yrs mos da.	In the State,yrsmos da.
Where was disease contracted, if not et place of death?	***************************************
Former or usual residence.	
19 PLACE OF BURIAL OR REM	OVAL TE OF BURIAL
Stulop Cine	try 4-6 1930
La CV & La	ADDRESS Manafiela

CERTIFICATE OF DEATH

当年秦国的祖母 (15)

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 grs.). business, that fact may be indicated thus: Farmer (reor given up on account of the bisease gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthcases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, Stationary Jeremen, etc. But in many Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-CAUSING DEATH,

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Gercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee' on head of "contributory." (R-commendations on statequences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by garbolic acid-probably sulcide. train-accident; Revolver wound of heed-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or momicidal, or taken. For violent deaths state means of injury "Puerperal septicaemia." "Puerperal peritonitis," etc. Whooping "cough; Chronic valvulur heart disease; use of "Tumor" for malignant neoplasms); Measles; as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. Chronic interstitial nephritis, etc. The contributory "Uraemia," "Weaknes ." etc., when a definite disease (name origin; "Cancer" is less definite; "ayoid inges, perilonatum, etc., Carcinoma, Surcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be death), 29 ds.; Bronchopnoumonia: (second-"Debility" ("Congenital," "Scnile," etc.), Example: Measles (disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No

If death occurred in a hospital or institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEA	ATH
16 DATE OF DEATH 7	2/,191
	(Day) (Year
17 HEREBY CERTIFY, That I attended	deceased fro
, 191, to	, 191.
that I last saw halive on	101
	ove, at / 3
and that death occurred on the date stated at	ove, at
The CAUSE OF DEATH # was as follows:	
scendent struck to	4 auton
A CANALINA JAKULA	4 Millon
Pausing Fathers of M.	chyan
- · / / · · / - V ? ·	Idarl Ra
	7)
Contributory and train not involve	ed Vewer
now County, md.	
(Buration) yrs.	
(Signed) a B Gardiner	orosun
and the same of th	4.4
Filby 24. 1980. (Address) Warce	
* Ante the DISPAGE CAUSING DEATH, or, in deatl CAUSES, state (1) MEANS OF INJURY; and (2) whete SUCIDAL Or HOMICIPAL.	he from VIOLENT her Accidental,
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUT	IONS TRANSIEN
OR RECENT RESIDENTS)	
At place In the	
of death yrs	
Where was disease contracted,	
Where was disease contracted, If not at place of deeth?	R03
Where was disease contracted, If not at place of deeth?	
Where was disease contracted, If not at place of deeth?	OF BURIAL
Where was disease contracted, If not at place of deeth?	
Where was disease contracted, If not at place of deeth?	OF BURIAL 7 7, 1013

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1 PLACE OF DEATH

County

If more blanks are aceded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

01557

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Gracery; (a) Foreman, (b) Autovarious pursuits can be known. The question Women at home, who are engaged in

Statement of Cause of Death-Name, first, the disease causing death (the primary affection with respect to unqualified. is indefinite); Tuberculosis of lungs, menin-Lohar pneumania. Bronchapneumonia Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); faver (the only definite synonym is "Epidemic cerebrotime and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal ("Pneumonia,

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, SUICIDAL, or nonicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by carbolic acid-probably state MEANS OF, INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of as "Puerpenal septichaemia," Never report mere

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

..... Ward)

Registration Dist. No.

(If death occurred in hospital or institu-

tion, give its NAME in-

stead of street and number.) MEDICAL CERTIFICATE OF DEATH September (Day) I HEREBY CERTIFY. That I attended the decensed from July 1930 192 to 25 August 1930 that I last saw h im alive on 25 August 1930 192 ... and that death occurred on the date stated above, at 6:20 & m. The CAUSE OF DEATH & was as follows: Tuberculosis, pulmonary(Duration) . 4 Pneumonia Lobar *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) In the 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in inclustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, ployed, as 4t school or At home. Care should be taken definite salary), may be entered a Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Labo"er." "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Civil engineer, Stationary faremen, etc. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None, Housemaid, etc. to report specifically the occupations of persons en-Statement of Occupation Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed The material But in many

Elatericist of Chaise of Death—Name, first, the dis-EASE CALSEL DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal is fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheamenia"); Lobar pacamonta, Bronchopneamonta ("Pucumonia");

> ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant ucoplasms); Measles; inges, poritonaciam, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid auqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia." "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death). 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart discuse; ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and couse Poisoned by carbolic acid-probably suicide. The untrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause "Puerperal septicuemia." "Puerperal peritonitis," vulsious." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(second-(disease (merely etc.

If this certificate is looked over thoroughly and all questions answered in decail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	·ler			
k		200	will		10
VII	2FULL NAME) ai	ie Pa	ue	1
PERSONAL AND STATISTICAL PARTICULARS					
3 8	M COLOR O	R RACE !	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	5	16
6 1	DATE OF BIRTH			0 0	1
		(Month)	(Day)	, I (Year)	th
7 /	AGE yrs.	2	05. V. ds	If LESS than I day hrs. or min.?	T
3 (b) S	poccupation a) Trade, profession or particular kind of work b) General nature of indu- pusiness, or establishment i which employed or (employ	n	fan	P	****
9 8	State or country)	n	1		•••
	10 NAME OF FATHER	ace	Bue	Kle.	(S
RENTS	OF FATHER (State or country)	1	uf		
PARE	12 MAIDEN NAME OF MOTHER	m	7 Bre	kle	18
	13 BIRTHPLACE OF MOTHER (State or country)		me		A of
14	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
	(Informant)	pal	This	Ch	19
_	(Address)	-c-c,0			_ •
15	Filed 2//J 193	70 Ero	· Thefale	Registrar	20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.: Ward) (If death occurred in a hospital or institution, give its NAME instead of Street and

number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month)(Day) HEREBY CERTIFY, That I attended the deceased from nd that death occurred on the date stated above, Secondary *State the Disease Causing Death, \ in deaths from or, state (1) Means of Injury and (2) Whether Violent Causes, Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) place In the State. here was disease contracted, not at place of death? ual residence

CE OF BURIAL OR REMOVAL

If more blanke are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation Laborer-Coal mine, etc. Wom-(6) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease chopneumonia (secondary), not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OF MOTHER

14 THE ABOVE IS TRUE

(State or country)

Where was disesse contracted, if not at place of dea.h?.

usual res.dence.

State.

If more banks are needed, address State Registrar, 16 W. Saratoga St., aito., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the Disease (Austral (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinol fever (the only definite synonym is "Epidemic cerelitys in al meningitis"; Diphtheria avoid use of "Crou"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(2) (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was undereausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) affection need not be Example: Measles (disease valvular heart discase; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING	W TE AINLY, TH UNFADING INKTHIS I PERMANENT	N. BEvery Item of Information should be carefully supplied. ACE should be stated EX CIANS should state TUSE OF DEATH In plain terms so that it may be properly c statement of OCCUPA ON is very important. See instructions on back of certifical
1	TE AINLY,	S should state US
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V.S. No. 1

PLACE OF DEATH	14891 STATE OF MARYLAND
County Ole Galler	CERTIFICATE OF DEATH
	Registration Dist. No. / 0 8
Village or City Merghes (No.	St.: Ward) (If death occurred in a hospitel or institution, give its NAME is stead of street and
2FULL NAME Matheldra J.	/ Jeerele number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 6 , 1862	
(Month) (Day) (Year)	that I last saw halive on Lea 28 , 1924,
7 AGE [If LESS tha	
68 yrs. 3 mos. Z 2 ds. or min	s. The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession or particular kind of work	acuté Ortalisa Herril
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. / ds.
9 BIRTHPLACE (State or country) When Loo	Contributory Secondary (Durstion) yrs 6 mos ds.
10 NAME OF FATHER Franks Junkens	(Signed) Hand Lot Stage M. D.
10 11 BIRTHPLACE	Dec 28 1930 (Address) Heighenth out
Z (State or country) Chailes my	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Of MERCHANT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At plece In the of deathyrsmosds, Stateyrsmosds
(State or country) Ohn Los	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Burning Reach	usuel residence
(Address) March 1	By a first think the same so 193 d.
Filed 12/30/30 192 En Chappele	20 UNDERTAKER ADDRESS Level & Devade Heigheit he
If more blanke are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day Reporter, Farm laborer, Laborer—Coal mine, etc., Women at home, who are organized in the thirties of the household only (not paid Housekeepers who receive a whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who bave no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved (Recommendations on statement of cause of "Exhaustion," "Heart Innue, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., interstitial nephritis, by Committee on Nomenclature cough; Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. valınılar heart disease The contributory

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of van u state occupation at heginning of illness. If retired from Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, Housemaid, et :. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Foreman, For mar or At Home, and children, not gainfully emyrs .. Farm laborer. (b) Cotton mill; (a) Salesman. very important, so that the relative health-For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material positor, Architect, us pursuits can be known. The ques-A be sufficient, e. g., Farmer or Planter, occupations a single word or term on ch and every person, irrespective of Laborer-Coal mine, etc. Wom-Locomotive (h) Grocery; engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (discase use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOWICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Whooping cough; Chronic valutar heart disease; Chronic interstitial nephrilis, etc. The contributory Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY "Marasmus," "Old Age," "Shock," Nomenclature

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH	07924 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Size (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 BINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 7 20, 1986 (Month) (Day) (Year)
6 DATE OF BIRTH 6 - 1-1630	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3.4 m The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Contributory les Eules
10 NAME OF FATHER LANGUAGE BUSINESS OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	(Signed) State the Disease Causing Death, or, in daythe from Violent Causes, state (1) Means of Injury; and (2) thether Accidental, Suignal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos. de. State, yrs. mos. de.
(Informati) (Address) (Address) Flied 7-20-1930 & Registrar	Where was disease contracted, If not at place of death? Fermer er usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Poreman, (b) Aulo-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causino death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchapheumonia ("Pneumonia," unqualified is indefinite); Tuberculosis of lungs, menip-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, Or HOMICIDAL, or as probably such, if impossible hcad-homicide; Poisoned by carbolic acid-probably to determine definitely. state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train—accident; Revolver wound of Examples: Accidental drowning; "Dropsy," State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

Z

1 DI ACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Karley	CERTIFICATE OF DEATH
	Registration Dist. No. 1135
William or one Arge dent	Fill doubh accounted to
Village or City (No. (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Jourse John	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Builde Olred (Write the word)	16 DATE OF DEATH MAKEL 23, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
- 1/2 18 192.	d March 13193/to Mck 73, 1935.
(Month) (Day) (Year	that I last saw h. W. alive on Wich 73, 1930
7 AGE	and that death occurred on the date stated above of 1/0 m.
3 yrs mos 5 ds 1 day hr	
© OCCUPATION (a) Trade, profession, or	acut the text
particular kind of work	
(b) General nature of industry business, or establishment in	***************************************
which employed (or employer)	(Ouralion) yrs. Nes. 68.
BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Charlie Poutler	(Signed) J. O. Mares No. 8.
II BIRTHPLACE OF FATHER	2/24 , 1813 d (Address) Wally
U BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acculental, Suicidal or Homicidal.
a OF MOTHER Chyareth Hombes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country)	of deathyrsmosds. Stats,yrsmos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not all place of death?
(Informant) harlie Butter	Former or usual residence
(Address) Wall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A A A A A A A A A A A A A A A A A A A	of leters complexed 3/24, 130
Fled 2/24 1970 0/ 3 Round 3	20 UNDERTAKER ADDRESS

1 rent

16 more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer mill, (a) Salesman, (b) Grocery; (a) Foreman, only when needed As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.: But in many cases, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in But in many eases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from childas "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion," Whooping

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charles,	CERTIFICATE OF DEATH
	(90) Registration Dist. No.
Village or City New fort (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in-
2 FULL NAME John B. Cample	ell stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH (Cugust 25-, 1980) (Month) (Day) (Year)
6 DATE OF BIRTH North Know, 1869 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That rettended the deceased from 190 to 20, 1920 that I last saw has alive on 20, 19230,
7 AGE If LESS than I day hrs ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	- Cleaner to
business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) Charles Co	Contributory Segondary Clineral Durging 2 yrs mos. ds.
10 NAME OF FATHER Down / Conow	(Signed) M. D. Marcos Bel Collin Mel
OF FATHER (State or country) (//	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) //	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Geneva Middleton	Former or usual residence
(Address) newport md	newfort Conteny and 27, 1930
Filed ang 2 6 19230 bk / W Yorks	Charles Belattom
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise relationer, Edborer, Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The material Salesman, (b) Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) interstitial nephritis, resulting from childbirth or miscarriage Chronic valvular heart disease; etc. The contributory Measles;

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	7 -	(Day)	1007 0
***************************************	(Month)	(Day)	(Year)
I HEREBY CERTIF	Y, That I att	ended the d	eceased fro
- /3 - 19	20 to 7	-19	193
I last saw h alive			

(Duration)yrs.....mos.

(Duration)

*State the Disease Causing Death, or, of deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

State, yrs. mos. da

TE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tired 6 yrs.). gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "PUERPERAL scpticacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), W ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgrant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; מעסוֹם unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Measles; (merely (second-

V. S. No. 1

PLACE OF BEATH	14893 STATE OF MARYLAND
County.	CERTIFICATE OF DEATH
Man (d) 1. of Wa	Registration Dist. No. /08
Village or City CONONO. 2FULL NAME REFORMED	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
DECENIAL AND STATISTICAL PARTICILIARS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw & Clarke Oro M (2/24, 1930,
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Recales From de.
10 NAME OF FATHER RED Relant Campbel	(Signed) (Duration) yrs mos de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLEAN BOND Certis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Of North Gall Cles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/24, 197
Filed 12/24 1980 En Bloppelier Registrar	20 UNDERTAKER Ceviling Charlotte Ha
/ If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted (erm for the same disease. Examples: Cerebre point fever (the only definite synonym is "Epidemic cerebre spinal meningitis"); Diphtheria (avoid use of "Crupp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or misearriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) Recommendations on statement of cause of death lanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	14892 STATE OF MARYLAND
County Slave	(3) CERTIFICATE OF DEATH
71 00 p-A 11	Registration Dist. No. / 08
Village or City Charles Aced	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and
² FULL NAME	deriford number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 4 , 1923
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw holes wood from 1927,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employet) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Filed 12/24 1930 Can Shapkellar, Registrar	(Signed)

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (teor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinall Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Broncho pneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "A trophy," "Collapse," "Coma," "Convulsions,

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

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PLACE OF DEATH		04815	STATE OF	MARYLAND
County Charles	noanes é o noa e imingina	(0)	CERTIFICATE	OF DEATH
0.00	/-	0	Registration I	Dist. No. 100
Village or City Near Fallel	Te Mo.		St.: Ward)	(if death occurred in a hospital or institu-
Qt.o	. 1	phell	,	tion, give its NAME is -
² FULL NAME SW	grow com	porq	***************************************	number.)
PERSONAL AND STATIST		MEDIC	AL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE	MARRIEO,	16 DATE OF DEATH	amil	1/1- 1030
mare Colored-	WIOOWED. OR DIVORCED (Write the word)	***************************************	Month)	(Day) (Year)
6 OATE OF BIRTH		17 I HEREB		ended the deceased from
Cip	ril 1st 1930	***************************************	19230 Tto.	, 192,
(Moth	(Day) (Year)	that I last saw h	alive on	, 192,
7 AGE	If LESS than		rred on the date stated	above, atm,
yrs.	mosds. ormin.?	1 1	TH * was as follows:	lace
8 OCCUPATION			1 1	
(a) Trade, profession or particular kind of work	N	2	till bon	•
(b) General nature of industry	who -			
which employed or (employer)			(Duration)	yrs,ds.
9 BIRTHPLACE (State or country) Charl	0	Contributory	***	
1 10 NAME OF	3.5 40	2.01	(Dyranjon)	yrsds.
FATHER Rayme	and Campby	(Signed)	an of our	OVala nd
o II BIRTHPLACE			(Address)	Mala ma_
Z (State or country)	les Cs mg	Violent Causes, s	is ase Causing Death, tate (1) Means of inj	ury and (2) Whether
W 12 MAIDEN NAME	will Hall	18 LENGTH OF RE	SIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE		ients r Recent R	esidents) In the	
OF MOTHER (State or country)	o co ma-	of dea' yrs	mosds. State	yrsds.
14 THE ABOVE IS TRUE TO THE BEST	T OF MY KNOWLEDGE	Where was disease con if not at place of dea	tracted,	
Harrie	to Cambell!	Former or usual residence		10000000000000000000000000000000000000
(Informant)	lata ma	19 PLACE OF BURIA	01	DATE OF BURIAL
(Address) La	7/4	near Ra	Laly at Hom-	Cifer 2, 10,80
15 Filed Corn 2 1980	Killian Mosey	20 UN DERTAKER	0 1006	D DIL 0 /
	Registrar	Raymond	(amound	La Plata my
If more banks are	needed, address Ltate Registra	r, 16 W. Salatoga St.,	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. For persons who have no occupation person, irrespective of not gainfully em-(b) materia Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; 9.9 Committee on "Heart failure," Chronic Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. valvular heart disease Nomenclature The contributory not be

	PLACE OF BEATH County C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 108
	Village or City (No. (No. 2FULL NAME)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DE 7, 19250
r	B DATE OF BIRTH (Month) (Dsy), 18-5/ (Year)	that I last saw here alive on west ways.
1	7 AGE [If LESS than 1 day hrs. or min.]	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs mos ds.
1	which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Secondary (Durstion) yis mosde.
•	10 NAME OF AB. Careler	(Signed) That please M. D. See 8 1980 (Address) Hugherly lup
	OF FATHER (State or country) 12 MAIDEN NAME 7 12 MAIDEN NAME	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Grand George Country)	At pace of Recent Residents) At pace of Recent Residents of Recent Re
	(Informant) Hearth Corectan	Former or usual residence Place OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL
	(Address) See gle gelle les 15 Filed 12/10/30 192 Eva Shefflean Registrar	20 UNDERTAKER ADDRESS Bret & Quade Kerglesslele
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farner (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on Locomolive engineer, (b) material Grocery;

Streament of Cause of Death—Name, first, the Dis-EA : CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lober pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-. (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write Nonc. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cuployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Woner," etc., Never return "Laborer," "Fordinau," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an worked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is neces-Civil engineer, Stationery firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemie cerebrosphal spinal meningitis"): Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drougning; Struck by ruilway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by carbolic acid-probably suicide. The nataken. For violent duaths state means of injury State cause for which surgical operation was under "Puerperal septicaemic." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenla," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eansing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles vulsions." use of "Tumor" for malignant neoplasms); Mensics; inges, peritonaum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenitul," "Senile," etc.), (Recommendations on state-(secoud-(disease (inerely

V. S. No. 1

M

PLACE OF DEATH

County Olearlie	(90) CERTIFICATE OF DEATH
(n. 1	Registration Dist. No.
Village or City / segal (No	St.: Ward) Our feet to 1 St.: Ward) Our feet to 1 Our feet to 1 Our feet to 1 Our feet to 2 St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED. WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw handlive on Acc. 26, 1920,
7 AGE 6 7 yrs. 7 mos. 26ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Cr. Mg.	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. yros. ds. (Signéd) M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Maryland,	*State the l'isease Causing Death, or, or deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) (Address) Prize Plant Prize Pr	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Legal, Md, Sec 29 1930, 20 UNDERTAKER ADDRESS Walfley, Ma
If more blanks are needed, addre.s Ltate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

15480

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g; ged in domestic service for wages, as Servant, Gook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, fulness of various pursuits can be known. whatever, write None. ployed, as At school, or At home. Care should be taken Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Paysician, Foreman, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer, single word or term on The ques-

Statement of Cause of Death—Name, first, the DISTEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disclie. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmcumonia ("Pneumonia,"

approved by telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease as fracture of skull, carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, causing death), 29 ds.; Bronchopneumomia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, atic), tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age, or intercurrent) Committee on Nomenclature Chronic and consequences (e.g., sepsis, etc. affection need not be valvular heart disease; The contributory " "Shock," Measles ;

(Approved by U. S. Census and American Public Health Association.)

laborer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvout, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of " etc., without more precise specification as Doy borer, Farm laborer, Loborer—Coal mine, etc. Womor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashmal fever (the only definite synonym is "Epidemic cerebras; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Meosles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always gardify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; · Chronic chopneumonia (secondary), etc. valvular heart diseose; The contributory

BIND	PERM	shoul tit ma s on b
FOR	Ĭ	so tharuction
MARGIN RESERVED FOR BIND	W TE AINLY, TH UNFADING INK-THIS ILL PERM	N.B.—Every item of information should be carefully supplied. ACE should CIANS should state. USE OF DEATH in plain terms so that it may statement of OCCUPA, ON is very important. See instructions on by
N RE	DING	carefu TH in
MARGI	UNFA	ould be OF DEA'
1	HE	tion sh USE ON IS
	AINLY,	f Informa d state
~	TE	item o s shoul
	*	-Every CIANS staten
	(]	N, N

V. S. No. 1

PLACE OF DEATH	14896 STATE OF MARYLAND
County Klearlie	CERTIFICATE OF DEATH
D' (1)	Registration Dist. No. 102
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Mary Carroll	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewal Black Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sec. 24, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nec: 12 19/4	, 192, 192, 192
(Month) (Day) Year)	that I last saw halive on, 192,
7 AGE [IFLESS than	and that death occurred on the date stated above, at
17 yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows: technical
6 OCCUPATION (a) Trade, profession or Of leave	
particular kind of work (b) General nature of industry	The physician in
business, or establishment in	(Duration) via
which employed or (employer)	
9 BIRTHPLACE (State or country) Charles Q. Md1	Contributory Secondary (Duration) yis mos ds
10 NAME OF Elmer Carroll	(Signed) Jan, C. Brokentle M. D.
M 11 BIRTHPLACE	(Address) August 440
OF FATHER (State or country) Creecell, Md	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Carroll.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Charle Els My,	At place of death wise mos de State yrs mos de Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Omer Joerroll	Former or usual residence
(Address) Pinside Mod.	Manyener Md He 27, 1930
15 Filed Dec 26 1930 UN Thompson Registrar	Las Penny Mace Spe My
If more blanks are needed, address state Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. etc., William laborer, Loborer-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy (b) Automobile factory. The material -Coal mine, etc. Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer", is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular Nomenclature Always qualify all heart not be disease;

- 5

PLACE OF DEATH	04185 STATE OF MARYLAND CERTIFICATE OF DEATH
County / +	Registration Dist. No.
Village or City V Com (No	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 4 - 26 - 150 (Month) (Day) (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h indive on 74 1 6 1 1 1 1 2 3
7 AGE 26 yrs	The CAUSE OF DEATH is was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs. dy.mos. da Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. da Where was disease contracted,
(Informant) (Address) At 1980 A August	if not at place of death? Former or usual residence
Bogisterar If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 12

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestie scrvice for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Preeise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite discase rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tubcrculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valpular heart discase; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Never report mere symptoms or terminal (Recommendations on state-(second-(merely (disease

PLACE OF DEATH	03477 STATE OF MARYLAND
County Charles.	CERTIFICATE OF DEATH
0 3/ 0	Registration Dist. No.
Village or City pring Hills.	St.: Ward) (If death occurred in a hospital or institution)
2FULL NAME Catherin	e Graham Cles pumber an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluide While (Write the word)	. 16 DATE OF DEATH 2000. (Month) (Day) (Year)
6 DATE OF BIRTH Doc. 8 , 186 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE [If LESS the law of the law	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chronic Varen shymaton Replications Chronic Station of the station - a
9 BIRTHPLACE (State or country) Charles Co. Jud	Contributory Secondary (Durslidg) Jrs. mos di
10 NAME OF John Grant Chapman	- Change & Transaction
OF FATHER (State or country) Naryland	*State the Disease Causing Death, ec, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Caroline Ston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. ln theyrsnosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) 1. 35 Chapman	Former or usual residence.
(Address) RaiPlato nd-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Latis 19230 Rullian Tresly Registrar	20 UNDERTAKER ADDRESS Value
16 mans branch are would address State Posts	16 W Saratoga St. Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in dome-tic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 3 Grocery,

Statement of Cause of Death—Name, first, the Disease Course of Cause of Death—Name, first, the Disease Cause to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease Always qualify all stited unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease etc. The contributory

	1PLACE OF	DEATH			
	County Ole				
		*			100.
Vil	llage or City	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(No		
	²FULL NA	ME Town	in De	Cottandor	6
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	
3 5	Fernale Co	hiler	5 SINGLE, MARRIED, WIDOWED. OR DIVORO (Write the w	Rungle.	16
6 1	DATE OF BIRTH	Sil	1 15	- 193/	17
	******	(Month)) (Day)	(Year)	tha
7 /	AGE	2 yr. X	mos.	If LESS than I day hrs. ds. or min.?	1
) b	particular kind of w b) General nature of pueinees, or establish which employed or (of industry			
91	(State or country)	Mora	hindl	ondello	
	10 NAME OF	Hold	run m.	Chim	(Sig
RENTS	11 BIRTHPLACE OF FATHER (State or countr	y) Had	himste	D. lo	121
PARE	12 MAIDEN NAME OF MOTHER	Lyon	EB	Racuro	18 l
	13 BIRTHPLACE OF MOTHER (State or Country		mary 6	bo-	At y
14	(Informant)	E TO THE BEST	Szav	WLEDGE	Formusus
	(Address)	Fran	lkn	en 40	(
15	Filed how 2	1923 0 1	Charle	4 /Zoly	20

3716

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME is

Registration Dist. No.

Ward)

Market Land Commence of the Co	number.)
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH have 2	, 1923 💆
	(Day) (Year)
17 I HEREBY CERTIFY, That I	attended the deceased from
that I last saw h Manalive on 24	, 192 <u>3</u>
and that death occurred on the date sta The CAUSE OF DEATH * was as follows	
Bannal	Menson

(Duration)	yrsmosdds.
Contributory	
(Durstion)	yrsmosds,
(Signed) 1923 \ (Address) 32	10115
*State the Discase Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For He ients or Recent Residents)	ospitals, Institutions, Trans-
At place In of deathyrsmosds.	the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
newhore Hornels	DATE OF BURIAL
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

statement of OCCUP

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer, ""Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The valvular heart disease; contributory

V. S. No. 1

PLACE OF DEATH	04186 STATE OF MARYLAND
County (& as	CERTIFICATE OF DEATH
	Registration Dist. No. 103
Village or City Jose all Colors (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, that I lest sew h 2 alive on 1920,
7 AGE If LESS than day hrs ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Jasking J. Herrich in aug lang
business, or establishment in which employed or (employer)	(Duration) vrs. mos 3
9 BIRTHPLACE (State or country) Chas Cu	Contributory Secondary Standard Standar
10 NAME OF Chao. K. Johnson	(Signed) M. D.
of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gutrick	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cleas On	Ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wielley War	Former or usual residence
(Address) Bul alter Med	Junely lemiter Wil 24. 1930
Filed aprel 24 1980 Chal Pt. Poles	Chal. Of Roby Belallow
If more bienks are needed, eddre.s State Registra	r, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic etc. The contributory affection need valvular heart disease; Nomenclature not be

V. S. No. 1.

	OF DEATH		07926			ARYLAND OF DEATH
County	<u> </u>		128)		egistration	1 1
	Indian Head			St.;	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSO	NAL AND STATISTIC	CAL PARTICULARS	MED	ICAL CER	TIFICATE O	OF DEATH
3 sex Male	4 color or race Negro	5 SINGLE, MARRIED, Widowed WIDOWED Widowed OR DIVORCED (Write the word)	16 DATE OF DEA	July	(Month)	
6 DATE OF BI	кти	(Wife the Word)	February			July, 1923
7 AGE	July, 15 (Month)		that I last asw h	im alive o	. 16 J	uly, 1930 192
	55 yrs 0	If LESS than I dayhrs.	The CAUSE OF DE			\ \$
1	ecountry) Challe	S. Government Solo Wal Lewis Chiles	Contributory. Secondary (Signed)	Myocae Over A	Quation Quantion (9. yrs. 5. mos. di
11 BIRTH OF FA' (State 12 MAIDE OF MO'	N NAME	Tayo to ma	*State the Violent Causes, Accidental, Suidental	Disease Cau , state (1) M cidal or Hon	ising Death, leans of Injudicidal.	or, in deaths from mry; and (2) whether
IS BIRTH OF MO (State	THER e or country) left	ules les. Md	At place of death yrs. Where was disease col	Residents)mos da.	In the State	
	Rosa Kell 3015 11 h. S	Street, N.W.	if not at place of death Former or usual residence	RIAL OR RI		DATE OF BURIAL July 18 , 1934 Address Mason Spring
	If more blanks are ne	eded. address State Registrar.	16 W. Saratoga St	Balto. Cr.	equesting V.	S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered a Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive angineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Whatever, write None. fired G yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Furni laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) Civil engineer, Stationary firemen, etc. Housemaid, etc. (a) Foreman. (b) Automobile factory. The material Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the prisease causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

inges, peritonacum, etc., Curchoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and couseas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or ean be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu," "Heart fallure," "Haemorsymptomatie), "Atrophy," "Collapse, conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); muqualified, is indefinite); Tuberculosis of lungs, mon-Notuenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acia-probably suicide. train-accident; Revolver wound of head-homicide; Examples: .iceidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weckness," etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Cougenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Anacmia" 99 "Coma," Measles; _(merely The na-

V. E. No. 1

N. B.--

PLACE OF DEATH

Plana	CERTIFICATE OF DEATH
County County	Registration Dist. No
Village or City Paysul (No. 2FULL NAME Still for Class	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3
3 - 3/-, 1530 (Month) (Day) (Year	
7 AGE If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs 200 de Contributory Secondary (Duration) yrs 200 de Contributory Secondary
10 NAME OF FATHER CLASS 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Pospitule, Institutions, Transients or Recent Residents) At place In the State yrs death of death yrs described by the state yrs death death of death yrs described by the state yrs death death yrs
(Informant) Car Mu Slanks	Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Paysile	20 UNDERTAKER DATE OF BURIAL
Filed 5 1920 K	16 W. Saratoga St., Balto,, Requesting V. S. No. J.

02857 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnum Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. cupition is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of to know (a) the kind of work and also (b) the For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day arm laborer, Laborer—Coal mine, etc. Wom-Compositor, For persons who have no occupation npositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Architect, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origir; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERFERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsas earbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly diseases can be ascertained as the cause. 14 hooping approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic " "Old Age, " "Shock," etc. valvular heart Always qualify all The contributory disease death

PLACE OF DEATH	04187 STATE OF MARYLAND
County	60 CERTIFICATE OF BEATT
	Registration Dist. No.
Village or City Oscia (No. ,)	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 4 - 30 -, 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day), 1852 (Year)	that I last saw h m. alive on 0 11 19 1930
AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or Construman particular kind of work	mit il breomfulmey
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.
BIRTHPLACE (State or country)	Contributory
10 NAME OF FATHER ALLS COLOR	(Signed) S. Stynder, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Com Super	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
(Informant) . W. Shrift	if not at place of death?
(Address) In ofteniell	19 PLACE OF BURIAL OR REMOVAL TO TE OF BURIAL
Filed 4-30- 198 6 8 6 Registrar	20 UNBURTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the er," etc., without more precise specification as Day Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthcases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the puscase causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or homicidal, or conditions, such as "Asthenia," "Anaemia" (merely train—accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUFRPERAL septicaemia," "PUFRPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal vulsions," stated unless important. Chronic interstitial nephritis, etc. The contributory causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is iess definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway (Recommendations on state-Example: Measles (disease (second-

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	PLACE OF DEATH County County	04188
		93
	2FULL NAME John John	de
	PERSONAL AND STATISTICAL PARTICULARS	ME
	Nestr 2 Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Marie OF DEA
6 [DATE OF BIRTH (Month) (Day) (Year)	that I last saw h
7 A	yrs; O mos. 2/ds. or min.?	and that death o
Ор (I) Б М	a) Trade, profession or sarticular kind of work b) General nature of industry susiness, or eatabliahment in which employed or (employer)	Contributory
	10 NAME OF FATHER TESTS FORM	(Signed)
RENTS	OF FATHER (State or country) 12 MAIDEN NAMEO	*State the Violent Causes Accidental, Suic
PAR	OF MOTHER Mengret Collins 13 BIRTHPLACE OF MOTHER (State or Country) Cles Cin	18 LENGTH OF ients or Recent At place of death yrs
14	(Informant) Way Colon (Address) All Colons	Where was disease if not at place of Former or usual residence
15	Filed Of 3 192 MSHayden D. L. Registrar	20 UNDERTAKER
	If more branks are needed, address State Registrar	10 W C

188	STATE				
	Regis	tration D	ist. No	100	
	St.:	Ward)	(If death a hospita- tion, give steed on number.)	occurred al or insti lts NAME f street s	In tu- ii -
MEDICA	AL CERTIF	CATE O	F DEAT	н	=
FLDEATH	Mo	nth)	Ž(Day)	, 19 50	
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729 G	sur.	7/6	ant land	deta	
utory	(Durati	hu	yrıyrı	mos /	ds.
192	(Apidress)		Cel	lis Tu	D.
te the Dis Causes, sta al, Suicidal o	sease Causing te (1) Mean r Homicidal.	Death, s of Inju	or, in d	(2) Whether	
l OF RES	osds.	In the	200	utions, Tra	

LENGTH OF ents or Recent

place eath ____yrs.__ nere was disease contract not at place of dea.h?.

BURIAL OF REMOVAL DATE OF BURIAL

ADDRESS

W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, household only (not paid Housekeepers who receive a laborer, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the OF For many occupations a single word or term on yrs). Form laborer, Laborer-Coal minc, etc. (b) Collon mill; (a) Solesman, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease;

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 02 (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, VINO BINDING OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h _____alive on _____, 192....., (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at l day hrs. The CAUSE OF DEATH * was as follows: upplied rms ESERVED ds. or min.? OCCUPATION 99 (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in(Duration)yrs. mos.... C which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) (Dyration) .mos.....ds. OB 10 NAME OF (Signed M. D. 31 FATHER Shot (Address) 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death or, in Violent Causes, state (1) Means of Injury and SO deaths (State or country (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCUPA ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs.....ds. ds. (State or country should ent of O Where was disease contracted, if not at place of death?.... 14 THE ABOVE IS TRUE TO KNOWLEDGE Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman, (b) Grocery, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure, Lieuwingso, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. stated unless important (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. chopneumonia (secondary). (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be

	PLACE OF DEATH County Charles	07927	STATE OF MARYLAND CERTIFICATE OF DEATH
		129	Registration Dist. No. 108
Vi	Prule Ohr (No	rok	St: Ward) (If death occurred in a hospital er institu- tion, give Its NAME in- stend of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
1	Male Color or race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married DATE OF BIRTH WAS (about) 1855	Mile 3	CERTIFY, That I attended the deceased from 1980. to fully 8 . 1980.
7	(Month) (Day) (Year) AGE S5 yrs.		red on the date stated above, at / / m.
10	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) What Co Tull	Contributery Secondary	(Duration) yrs mos des
S	10 NAME OF FATHER John Cook		O. (Address) D. J. U.S. + U. Hud
PARENT	12 MAIDEN NAME OF MOTHER Jarah Lylia 13 BIRTHPLACE		viscase Causing Death, or, in deaths from tate (1) Means of Injury and (2) whether or Homicidal. SIDENCE (For Hospitals, Institutions, Transsidents)
14	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs	nosds. Stateyrsmosds. rrected,
	(Address) Malwin Ind	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Coak to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary foreman, etc. But in many Physician, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Compositor, For persons who have no occupation Architect, Locomotive engineer, (6) m.,teria Grocery;

Statement of Cause of Death—Name, first, the DIS-RASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma. us fracture of skull, and consequences (e. g., sepses, bolunus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, Chronic interstitial nephritis, Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (discase " "Old Age, " "Shock," etc. valvular heart. The contributory Measles; etc., of

Female Colored Single, Married Widowed Or Divorc (Write the w or Divorc (Write the w or Divorc) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Day) AGE Soccupation (a) Trade, profession or particular kind of work. Housewife or country business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Maryland 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden Name OF Mother Betty Butler 13 BIRTHPLACE (State or country) Maryland		PERSO	NAL AND STAT	ISTICAL PA	RTICL
Unknown (Month) (Day) 7 AGE 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work. Housewife (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Henson Bell 11 BIRTHPLACE (State or country) Maryland 2 Maiden Name OF Mother Betty Butler 13 BIRTHPLACE OF MOTHER				MARR WIDO OR DI	HED, WED IVORG
(Month) (Day) 7 AGE 79 yrs. mos. ds. 8 OCCUPATION (a) Trade, profession or Darticular kind of work. Housewife (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Henson Bell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER	6 1	DATE OF BI			
8 OCCUPATION (a) Trade, profession or Barticular kind of work. Housewife. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) 10 NAME OF FATHER Henson Bell 11 BIRTHPLACE OF FATHER (State or country) Maryland 2 MAIDEN NAME OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER	7 4	CO.			Day)
(a) Trade, profession or particular kind of work. Housewife (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Henson Bell 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER			=0		
FATHER Henson Bell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER	Se Se	a) Trade, pro articular kind b) General na usiness, or e	fession or d of workHolature of industry	ascwife	ds.
OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER	O W	a) Trade, pro articular kind b) General na usiness, or e which employ IRTHPLACE (State or	fession or d of workHol ature of industry establishment in ed or (employer)	asewife	,
OF MOTHER Betty Butler 13 BIRTHPLACE OF MOTHER	b W B	a) Trade, pro articular kind b) General musiness, or e which employ IRTHPLACE (State or o	dession or dof work	Marylan	,
OF MOTHER	b W B	a) Trade, pro articular kine b) General musiness, or e thich employ IRTHPLACE (State or e FATHE 11 BIRTHI OF FAT (State	ofession or d of workHolature of industry establishment in ed or (employer) country) OF R Henson F PLACE CHER or country)	Marylan	nd
	ARENTS	a) Trade, pro articular kine b) General neusiness, or e- which employ IRTHPLACE (State or e- FATHE 11 BIRTHI OF FAT (State 12 MAIDE)	ofession or d of work	Marylan Bell Marylan	nd

1 PLACE OF DEATH

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11	4	I	0	47	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ULL NAME Mary josephene Cook	a hospital or institu- tion, give its NAME io-
ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Colored SINGLE, MARRIED, Widow WIDOWED OR DIVORCED (Write the word)	April 4th., 152 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Unknown , 351 (Year) (Month) (Day) , (Year) If LESS than I dayhrs. 79 yrs	that I last saw h er alive on April 2nd. 1920/and that death occurred on the date stated above, at 8.20 Po. m. The CAUSE OF DEATH & was as follows: Heart Disease
rofession or nd of work	Contributory Secondary (Duration) 20 yrs mos de.
Henson Bell IPLACE (THER e or country) Maryland	(Signed) M.D. April 5 19230 (Address) Indian Head State the Disease Causing Death, or, in deaths from
e or country) EN NAME DTHER Betty Butler IPLACE FINER Ge or country) Maryland	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs mos da. State, yrs mos da.
E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
-5- 19 be / Edminstort	Porms of Penny Basab Shores
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. ('ensus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, the first line will be sufficient, e. g., Farmer or Planter, enpation is very important, so that the relative health-Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parguits can be known. The questo report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia," Plantage of the preumonia, Bronehopneumonia ("Pneumonia,"

quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as "Puerperal seplicaem".""Puerperal peritonitis," etc. rhage," "Inamition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." "Anaemia" ary). Wo ds. Never report mere symptoms or terminal causing death). 29 ds.: Bronchopneumonia inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men head of "contributory." (R commendations on statetrain-accident: Revolver round of head-homicide; as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uruemia," "Weakn.s." te., when a definite disease stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Noneuclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse Poisoned by carbol'e acid--probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Dropsy," "Exhausticn." "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart FOR VIOLENT DUATTIS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease discuso; (second-(merely

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH County Charles	07928 STATE OF MARYLAND CERTIFICATE OF DEATH
In Soming Hill	Registration Dist. No. / See Mond)
Village or City frame Thomas 7;	Leury Cooksey St.; Ward) a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale. 4 COLOR OR RACE 5 SINGLE MARRIED, UN duwell OR DIVORCED (Write the word)	16 DATE OF DEATH July 22 , 1980 (Year)
6 DATE OF BIRTH	HEREBY CERTIFY That I attended deceased from
July 22 , 1 See	that I last saw h civalive on July 22 1930
7 AGE // If LESS than	and that death occurred on the date stated above, at 1.00 a.m.
82 yrs mos o de or min.?	The CAUSE OF DEATH * was as follows:
Ca) Trade, profession, or Paties A	
particular kind of work (b) Beneral nature of industry	acute nephrilis -
business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
BIRTHPLACE (State or country) Charles Co.	Contributory Osleri Oschrosia
10 NAME OF Mathine Crohsey.	(Signed) James & holaw me.
11 BIRTHPLACE	heller 23, 1930 (Address) La Plata Md.
Z OF FATHER (State or country) . Charles Co.	State the DISEASE CAUSING DEATE, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether Accidental,
of MOTHER Mary Meatilda.	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Charles Co.	OR RECENT RESIDENTS) All placs is the of doath yes. mes. ds. State, yes. mes. ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) W. C. Cooksey	Former or squal residence
(Address) Sping Hill Had-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FRED July 40 1913 & Pullein Pose	20 UNDERTAKER P DOREST
We mare blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1

Approved by U. S. Censon and American Public Health
Association.

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gamfully the duties of the household only (not paid liousekeepers precise specification as Day laborer. Farm laborer. Laborer of the second statement. Never return "Laborer." "Foreman," "Manager." "Peaker, etc., without more mobile factory. The material worked on may form part taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Gracery, (a) Foreman, (b) Autoonly when needed. As examples: especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, ('unt (a) Spinner, (b) Collon If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lahar pneumonia. Bronchopneumonia ("Pneumonia," menumonialified, is indefinite); Tuberculosis of langs, menumonialified, is indefinite);

on Nomenelature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by curbolic acul-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouming, state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonikis," birth or misearriage as "Puenperal septichumu. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital." "Senile," etc.), "Dropsy," "Heart failure," "Harmorrhage," "Inamition," "Mara-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of by railway train-accident. "Coma," The contributory (secondary or intercur-"Convulsions," "Debility" ("Conetc. State cause for which "Urnemia," "Weakness, Never report mere (Recommendations Revolver "Atrophy." "Exhaustion, to punon

PLACE OF DEATH	34227 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
O Olato hid	Registration Dist. No. 100
Village or City hat lake Mo.	St: Ward) (If death occurred In
2 FULL NAME Infant Cooksey	Still boun tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 24, 192 30 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov. 24, 1930	
(Month) (Day) (Year)	that I last saw h alive on
7 AGE [If LESS than	/ /
I dayhrs.	
yrsds. ormin.?	Must be the second
a) Trade, profession or	Janus de Roary Joelor
particular kind of work (b) General nature of industry	Magurye
business, or establishment in	(Duration) yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or county) has a Maruland	Secondary (Duration) yrs mos de.
10 NAME OF FATHER , F. Cooksen	(Signed) Felian & Joseph Subliquet
M 11 BIRTHPLACE	192/1 (Address) affective the
Z (State or country) Charles Co. my	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Qra J. Willett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients (Recent Residents)
13 BIRTHPLACE OF MOTHER (3) 00 Ch md	At place of dea' yrsds. In the State
(State or country)	Where was disease contracted, it not at place of deah?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) La Plata & Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV. 24 = 1930
15 Filed Nov. 24 139 Fillian V. Proces	Mary Troctor, medwife Pallata 17.
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, (b) Automobile factory. The material Locomotive Grocery; engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere sy inptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; affection need etc. The contributory not be

PLACE OF DEATH County Charles.	6359 STATE OF MARYLAND CERTIFICATE OF DEATH
P 00-4	Registration Dist. No. 100
Village or City da Ilala (N. Elward 2 FULL NAME TO TO	St; Ward) (If death uccurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white 5 single, MARRIED, Single WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH NOW 26	I HEREBY CERTIFY, That I attended the deceased from 1920, to 1920.
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day hrs. day or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work. School,	Scarlet Fever.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Mening This - Voy living
(State or country) Bristol Tree	(Signed) James E hstare M.D.
11 BIRTHPLACE OF FATHER (State or country) Four ay 12 MAIDEN NAME	*State the Discuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal,
of Mother Edward Baker 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant)	if not at place of death?
(Address) Saplata ma	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Fileday 24- 1936 Felicai V Forey Registrary	20 UNDERTAKER + Ryon Walder May
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 ms.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, eupation is very important, so that the relative healthworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) cases, especially in Industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The material feled

Statement of Cause of Death—Name, first, the prise Ease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such. If impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgleal operation was under-"Puerperal septicuemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver around of head-homicide; vulsions." Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-(second-(merely



N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Clearles	CERTIFICATE OF DEATH
7410	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred it a hospital or institution, give its NAME it steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Holes & Single, MARRIED, WIDOWED. OR DIVORCED Mesons	16 DATE OF DEATH , 192 , 192 (Month) (Day) (3/ (Yea. 3/
6 DATE OF BIRTH (Morph) (Day) (Year)	17 I HEREBY CERTIFY, That I attanded the deceased from 1970. to May 31, 1970. that I last saw has alive on May 31, 1970.
7 AGE Office of the second of	
(a) Trade, profession or particular kind of work	Hrmflegen - Cy Conten
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos 20 ds. Contributory Charles Starting Tree mos ds.
10 NAME OF GENGE J, Croft II BIRTHPLACE OF FATHER (State or country) Control Cont	(Signed) M. D. State the lisease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recant Residents) At place In the
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant) William T. On M. (Address) MR Carlot	Former or usual residence
15 File apr 1 A 1930 Rillar Posty	Lented Ryon Maldoy
If mora bianks are needed, address State Registly	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart tanure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

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work, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) Civil engineer, Stationary firemon, etc. But in many Physician, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway troin-Chronic etc. The contributory valvular heart disease; Measles;

(Approved by U. S. Census and American Public Health Association.)

work, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At sehool, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) persons en-Grocery

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septieacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) telanus) may be stated under the head of "contributory." earbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (name origin; "Cancer" is less definite; avoid Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomu, Sareoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature etc. The contributory valvular heart disease; Measles ;

	1PLACE OF DEATH
	County has
Vil	lage or City Augherille (No
=	PERSONAL AND STATISTICAL PARTICULARS
3 5	Male White Single, Married, Wildowed, Rungh OR DIVORGED (Write the word)
6 [(Month) (Day) (Year)
7 A	yrsds. If LESS than I dayhrs. ormin.?
) (p (i b	DCCUPATION a) Trade, profession or varticular kind of work b) General nature of industry vusiness, or establishment in vhich employed or (employer)
9 E	(State or country)
RENTS	10 NAME OF FATHER Olis Cusick 11 BIRTHPLACE OF FATHER (State or country)
PARE	OF MOTHER Office monty many
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) The BEST OF MY KNOWLEDGE
	(Address) Bugh and I made

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	30 , 19230
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at 192 to 192 to 193 and that death occurred on the date state The CAUSE OF DEATH * was as follows:	tended the deceased from
Secondary (Duration) (Signed) A hapfalla	yrs
*State the Disease Causing Death, Violent Causes, state (1) Meana of In Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospi	itals, Institutions, Trans
Where was disease contracted,	e iteyrsmosds
if not at place of death?	01. 44.000000000000000000000000000000000
usual residence	
19 PLACE OF BURIAL OR REMOVAL	9/30 , 1930
20 UNDERTAKER	ADDRESS

S. No. 1

15 Filed

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Copk, ployed. as At school, or At home. Care should be taken whatever, write None. report specifically the occupations of persons en-Foreman, I'or many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EAST TAUSING DEATH (the primary affection with respect to time and causation), using always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), American Medical Association.) diseases resulting from childbirth or miscarriage as Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease; Nomenclature

N. B.

1PLACE OF DEATH	GEASO STATE OF MARYLAND
County Charles	05453 CERTIFICATE OF DEATH
0 45	Registration Dist. No.
Village or Cit Prop Ruade, (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME ir-
2 FULL NAME Florence Other Do	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Stite Single, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 6, 1980. (Moptin) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That Oftended the degensed from
tene 14 1881	Cofor, 30,000, to Hay 6, 1930.
(Month) (Day) (Year)	that I last/saw h Malive on My 180,
If LESS than I day	and that death occurred on the date stated above at O m. The CAUSE OF DEATH * was as follows:
Toyrs. 10 mos. Rhds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Housewife	Golar Freuminia (Bilateral)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
(State or country) Pharles Que, Mil.	Contributory Secondary (Darstion)ysmosds.
10 NAME OF Shu The The Murdock.	(Signed) Sto C, Bickmell, M. D.
of FATHER (State or country) Charles Cv. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER June Ettal Man	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Plante, Or, Md,	At place of death yrs mos, ds, State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Bertram Jans,	Former or usual residence
(Address) Washington, &C	ONSE Muado DE MAY 8, 1930
Filed My 7 1980 the Maddet Registrar	La Parte Manne La Parte Ma
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebiospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. Whooping unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage as cough; ChronicExample: Measles (disease shopneumonia (secondary), etc. The contributory affection need valvular Nomenclature of the heart disease; not be

	1 PLACE OF DEATH County Classes	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 104
	Village or Cit Conse Reade (No. 2FULL NAME James L. Lan	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Hute Single, Wildred. Male Hute Street, Wildred. OR DIVORCED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH MN. 13, 1850	17 I HEREBY CERTIFY, That I attended the deceased from
	7 AGE 80 yrs. 1 mos. 18 ds. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
ja ja	a OCCUPATION (a) Trade, profession or Farmer (b) General nature of industry	Cermany Februsia
×	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Putt. H. Have.	(Signed) Seo C Be hull M. D.
	OF FATHER (State or country) Claude Les Md, 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country) State or country)	ients or Recent Residents) At place of death
	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
	(Address) Murling mo.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL 20 UNDERTAKER ADDRESS
	Filed Jan 2 193/ 1 A Jouthinland Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER RAPPORTESS Ra Plata Me, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
- 1	II more mana are medad, address place wellers	her are animaled and married sendantines.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiquel fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

8

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere synptoms or terminal condicough; or intercurrent) Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease, Example: Measles (disease chopneumonia (secondary), affection need not be etc. The Always qualify all contributory

PLACE OF DEATH County // Orles	05454 CERTIFICATE OF DEATH
(P. 1	Registration Dist. No. 101
Village or City / 12 gale (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Margaret &	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Long Black Single, MARRIED WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH Months (Months) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Ane - 1894	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at
3 5 yrs. // mosds. ormin.?	The CAUSE OF DEATH * was to follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	1 60 (0.1)
which employed or (employer)	(Duration) yrs
State or country) Charles Co. Md.	Contributory Secondary (Daration) yrs mos ds.
10 NAME OF Wellie Hawkins	(Signed) Sec. C. Dicknell M. D. M. D. May 4 1923 O (Address) Proyack & M. D.
State or country Charles Co. Pudi	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIOEN NAME OF MOTHER LANGUAGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients of Recent Residents)
13 BIRTHPLACE OF MOTHER State or country leadles - Mother	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Market Market	Former or usual residence
(Address) Sisgal 201-	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL HALL H. 1930.
Filed MING 4 1920 Pa Louther and Registrar	20 UNDERTAKER LANGE SAODRESS SACLAR HEAD MY
If more blanks are needed, address State Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-"," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Always qualify all

No. vi.

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	4000	
PLACE OF DEATH	STATE OF MARYLAND	
County & La Cole Add Services	CERTIFICATE OF DEATH	
County	Registration Dist. No. 140	
1 1 1	Acgistration Dist, 110, 4	1000
Village or City It all and Of INO		in
	a hospital or instit tion, give its NAME;	tez-
1, 10.44	stead of street a	nd
2 FULL NAME MA 1-16 he 3 and a	number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, A	16 DATE OF DEATH	-
MARRIED	Oct 23 1190	>
WIDOWED OR DIVORCED	(Month) (Day) (Yea	2)
Oxerce (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased for	го
6 DATE OF BIRTH	Oct. 20 1920, to Oct 23, 199	17
66 1 0 00	a touch	2
manuscription of the second conservation of 1 of	that I last saw her alive on City	26
(Month) (Day) (Year)	and that death occurred on the dete stated above, at 12. Hh.	1.8
7 AGE	The CAUSE OF DEATH & was as follows:	
dayhrs.	THE CAUSE OF DEATH AT WAS AS TOROWS!	
yrsds.lords.lor min. ?	Vasizo-concerect	
N OCCUPATION		
(a) Trade, profession or particular kind of work.		
(b) General nature of industry	***************************************	
business, or establishment in		d
which employed or (employer)	Contributory	
9 BIRTHPLACE (State or country)	Secondary	
Lot artes too	(Duration)mos	d
10 NAME OF	17/2:7/20	
FATHER Solvand Davis	(Signed)	i. I
	Oct. 23. 1920 (Address) Indicad Head	. 4
11 BIRTHPLACE OF FATHER		
(State or country) Qually 60	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
OF FATHER (State or country) Tackles 60		1
a 6 de sh Colon, Wallace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-	. W. F.
13 BIRTHPLACE	At place In the	
OF MOTHER (State or country) Oharles	of death yrsmos,da. State,yrsmos	.d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
9 1 - 1 1	Former or	1000
(Informant) & award Daw	usual residence	-
(1) 1- (10-1)	119 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) / MACC / LOOG M	M/12 6 Port-961	٦,
15 010: 2101	My most 19.01.90 ,19.	2
Filed 6 4 3 19270 H. Engrandon	20 UNDERTAKED ADDRESS	
Ragiotene	4 Th	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. without more precise specification as Day Never return "Laborer," "Foremau," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as Accidental, Suicidal, of Homicidal, of Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such if impossible to determine definitely "Purperal septicaemia." "Purperal peritonitis," diseases resulting from childbirth or misearriage can be ascertained as the cauge. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weaknes: " etc., when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.), ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT BYATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Meastes "Апастава" "Coma," "Con-(merely (disease (secondetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A 1830

PLACE OF DEATH	STATE OF MARYLAND
County Clear(E)	06636 CERTIFICATE OF DEATH
meron J.	Registration Dist. No. 13
Village or City Toelkus (No.	St: Ward) (If death occurred, ir
2FULL NAME Elizabeth C.	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to the first saw h So alive on 1920.
	and that death occurred on the date stated above, at 12-25 m.
yrs. / mos. // ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Cerebrul Henrings
(b) General nature of industry business, or establishment in	
Which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Prense Eryka a lide	Contributory (Secondary Secondary Quireion) vis mos ds
10 NAME OF James y. Osbern	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Present Leys Red	Total Causes, state (1) Means of injury and (2) Whether
of MOTHER Energy Duclas	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cleans On Mul	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Lighting Rulla E	Former or usual residence
(Address) Faction Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sood Holienlemetry home 6, 1930.
15 Filed June 5 19230 Schon Of Rofe Registrar	20 UNDERTAKER OF Hoby ADDRESS Belallo
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, .. (name origin; "Cancer" is less definite; avoid Chronic valvular heart The contributory not be disease;

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er," etc., without more precion and mine, etc. Wom-laborer. Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Ciril engineer. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housevife, Houseworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restake occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, Architect, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (*b*) Grocery;

Statement of Caux of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causavory, using always the same accepted term for the same disease. Examples: "Grabrospinal fener" (the only definite synonym is "Epidemic cerebross inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

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atic), "Atrophy," "Collapse," "Coma, "Convusious, "Dropsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meusles (disease inges, perilonaeum, etc., Corcinonut, Sarconut, etc.. of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perliamidis." etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumomia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all approved by Committee on as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic and-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whoaping American Medical Association. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely cough; Chronic etc. The contributory valradar heart Nomenclature Measles; not be discuse;

	PLACE OF DEATH	STATE OF MARYLAND
	County hailes	05450 CERTIFICATE OF DEATH
	County	75-6 Registration Dist. No. 100
	Village or City rousedes (No.	
	Village or City / (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
	2 FULL NAME James Niggs	tion, give its NAME 11 - stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	3 SEX 4 COKOR OR RAGE 5 MARRIED, WIDOWED. OR OWOMED. OR OWOMED.	16 DATE OF PENTH , 1930
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That is attended the deceased from 192
	18/2	
	(Month) (Day) (Year)	and that death provided on the date etated above, at
	7 AGE If LESS than day hrs.	And That death occurred on the date stated above, at
	yrs. mos. ds. or min.?	Taralysis Says otherding
	8 OCCUPATION (a) Trade, profession or	Thisefail who says he mas
9	particular kind of work O W	to be tim about the or three
4	(b) General nature of industry business, or establishment in	months ago (Burrios)
1	which employed or (employer)	
	9 BIRTHPLACE (State or county) haves Counte not	Secondary Duration yrs mos. ds.
	10 NAME OF OL / 10 1	(Signed) Felian & Fray Goal Reg.
	FATHER TRANK hugy	may 500 1980 (Address) farlate md
	OF FATHER (State or country) halles Cepshity Rid	*Stato the liscaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Manda tackson	18 LENGTH OF RESIDENCE (For ifospitals, Institutions, Trans-
	13 BIRTHPLACE	At place In the
	(State or country large country his	of dea' yrs mos ds. State yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	as Signifficant	Former or usual residence
	(Address) Jensedes Ned	The Hope Datest May 15 1930
	15 Marriel 3. 600: 2/18-00	20 UN DERTAKER A LADDRESS
	Filed ay 190 Allan V. Registra	Jenny & Cofer Mason Sprengship
		, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic The n:ture of the injury, etc. The contributory valvular heart ," "Convulsions, disease;

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
04	Registration Dist. No. 100
Village or City Noon Lallott	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Marther Elizabe	th Dyer stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH We , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day), 1930 (Year)	192 to
7 AGE yrs. mos. 9 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory Premature and weak
9 BIRTHPLACE (State or country) Charles & nd	Secondary Sme Bull. (Durgian)
10 NAME OF FATHER Francis Wyer	(Signed) & Illian VI goly Ref M. D.
OF FATHER Z (State or country) Charles es mi	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha E. Burans	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Charles Co Md	At place of dea' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Lewis Byrans	Former or usual residence
(Address) La Plate md-	at Home DATE OF BURIAL DATE OF BURIAL ALLY (8, 1930)
Filed July 18 1923 O Lillian Mosey Registra	Levis Brans Les Plates mo
more hanks are needed, addre a Ltate Kegistrar	. 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (6) Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bro shopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi cough; Chronic valvular heart discase; or intercurrent) affection need not be Committee on Nomenclature etc. The contributory Measles;

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PLACE OF DEATH	02859 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. 100
Village or City Bryans Grand (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and
2FULL NAME andrew Degander D	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Was H, 1930 (Month) 19 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
de 26- 13, 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Nandulan alman
(a) Trade, profession or	- where me bedonie of word own to ful
particular kind of work (b) General nature of industry	Mulle S. Charles in allenders
business, or establishment in	(Duration) yrs. mos. (de.
which employed or (employer) \(\lambda \text{VM}\)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF Way Charles Co My	(Duration)
FATHER andrew alwander & your	(Signed) War Man Man De Company (Signed)
II DIDTUDI ACE	Man 5 198 & (Address) Concular + 186
OF FATHER (State or country) Walls to Mad.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Roberta Bland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
(State or Country) Charles in Med	of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	Former or usual residence
(Informant) andrew a. D. mp.m.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Pryans Road	Marchine, Semes Marc 5, 1930
	20 UNDERTAKER ADDRESS
Filed Way 5 1920 James Registrar	Jahn J. Brown Promodoca
If more highly are needed address State Registrar	

MYESIN BERFERSED NO

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature disease; not be

PLACE OF DEATH	13718 STATE OF MARYLAND
County (harles	CERTIFICATE OF DEATH
Rall-	Registration Dist. No. 103
Village or City Dell'ellon (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME James Thomas H	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, Married, Widowed. Or Divorced (Write the word)	16 DATE OF DEATH 700 2 , 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 10 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs. 3 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	
particular kind of work	Ephaustion
(b) General nature of industry business, or establishment in	(Duration) yrs, mos, da,
which employed or (employer)	Contributory Bronches Preumonia
9 BIRTHPLACE (State or country) Charles Co Mid	Secondary (Duration) ys
10 NAME OF LEO Williams	(Signed) Charles Pitaby A. M. D. M.D.
11 BIRTHPLACE OF FATHER OF THER	1001
(State or country) Charles C) Ind	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maggie Dyton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF JOHN DON THE	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Family Green	Former or usual residence
(Address) Bel Cellon md	Sh. Thomas Camelay How 3 , 1930
Filed Mur 2 1923 b leha length Boly Registras	1 hos, E Dyson action Belalonted
If more banks are needed, address tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature cough; Chronic etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

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C	PLACE OF DEATH Charles	CERTIFICATE OF DEATH Registration Dist. No. 106
Ville	2 FULL NAME Harry Easton	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Male 4 COLOR OR RACE 5 SINGLE, MARRIED. Single OR DIVORCED (Write the word)	16 DATE OF DEATH 15 December, 1930 , 192
6 D	ATE OF BIRTH	16. November 19230, to 15. December, 1920.
T AG	February 9 , 1 901 (Year) (Month) (Day) , (Year) If LESS than 1 dayhrs. 29 yrs. 10 mos. 8 ds or min. ?	that I last saw h. im. alive on 15 December, 1920. and that death occurred on the date stated above, at 7:30p.m. The CAUSE OF DEATH & was as follows: Pneumonia, Broncho
bi w	Trade, profession or articular kind of work. Worked in poolroom	(Duration) yrs mos 29ds, Contributory Secondary (Duration) yrs mos da (Signed) Roger A. Nolan M.D.
RENTS	Albert Easton II BIRTHPLACE OF FATHER (State or country) Maryland	12-17-30.192. (Address)Indian Head, M.d. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Not known 13 BIRTHPLACE OF MOTHER (State or country) Not known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs mos. da. In the State, yrs mos da.
15	(Informant)S.L. Brown (Address) Indian Head, Md. Filed Deen 17, 19230 / E Laurington, Registrar	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS PARA Brown Parameter
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planton, tion applie; to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthtired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in comestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foreman. (b) Automobile factory. The material should be used only when needed. whatever, write None. Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid pnemnenia" Lobar meamonta, Bronchopneumonia ("Pneumouia fever (the only definite synonym is "Epidemic cerebra ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS

> use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "lnamition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia", ary), 10 ds. causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Mcastes Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., ment of cause of death approved by Committee on as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. The natrain-accident: Revolver round of head-Examples: Accidental drowning; Struck by railway Whooping cough; (e. g., sepsis, tetanus) may be stated under the "Debility" Never report mere symptoms or terminal Chronic valvular heart discase; ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state--homicide; (second-(merely (discuse ctc.

the Pertificate is permanently filed. Tions augmered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesin the data is essential and must be obtained before

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No. 1

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	PLACE OF DEATH
	County has
Vill	lage or City Benedich (No. 25 ULL NAME Stand
-	PERSONAL AND STATISTICAL PARTICULARS
7	REX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 0	DATE OF BIRTH
	(Monch) (Day), 1, 930 (Year)
7 A	If LESS than I dayhrs. yrs. mos. ds. or min.?
p (b	DECUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer)
100	BIRTHPLACE (State or country)
	10 NAME OF Sugar Elect
STN	11 BIRTHPLACE OF FATHER (State or country)
PARE	OF MOTHER Gertrude Jones
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) Carroll Messick
	(1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

10323	STATE	OF I	MARY	LAND
100	CERTIFIC	CATE	OF	DEATH

St.: Ward)

Registration Dist. No. 10 8

(If death occurred in a hospital or institu-

len	tion, give its NAME it - stead of street and number.)
MEDICAL CERTII	FICATE OF DEATH
16 DATE OF DEATH (M) 17 I HEREBY CERTIFY,	3 , 1930 onth) (Year)
that I last saw harma alive one	to 1923,0 late stated above, at 3 91 m.
The CAUSE OF DEATH * The he	L Both
Secondary	ration) yrs. mos. ds.

18 LENGTH OF	RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or Recent	Residents)				
At place			In the	•	

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.

At place of deathyrsmosds.		In the State yrs mos ds
I	Where was disease contracted,	

Former or .

9 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

1930 (Address)

ADDRESS

Vancacer,

Registrar

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, Physicum, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia pneumonia, Bronchopncumonia ("Pneumonia,

> ommittee on Nomenclature of the answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n.ture of the injury, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY valvular heart disease; etc. The contributory Always qualify all

V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Marles	CERTIFICATE OF DEATH
County	
	Registration Dist. No. 10 T
Village or City (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME SUBJECTIVE OF	atead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lond Broce 1	192 . to, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
445 man de la day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	AMANA AND
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yis, mos ds.
which employed or (employer)	Contributory Nematemerica 7
9 BIRTHPLACE (State or country) Leacher of the State of Country)	Secondary Oilot Cherl (Duration) yrs. mos. de.
10 NAME OF FATHER TO A BORNING	(Signed) Sepanas M. D.
U II BIRTHPLACE	
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER South Model	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds, Stateyrsmosds,
(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and 191.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 4/8/74-54 M741	Hashingtonde Sept 28 1030
15 Filed 9-21- 19305 P. Hig don	20 UNDERTAKER ADDRESS
Registrar	12/ KIN 11/2-1337-1000

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation not gainfully em-The material Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-("Pneumonia,

> accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," Old Age, Shouk, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. The affection need valvular heart disease; contributory not be

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia," Lobor pneumonia, Bronchopneumonia

approved by Committee on Nomenclature American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Meosles (disease (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary), as fracture of skull, and consequences (e.g., sepsis carbolic ocid-probably suicide. The n-ture of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid g cough; Chronic interstitial nephritis, volvular heart disease; etc. The Always qualify all contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the relata is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	05450	STATE OF MARYLAND
County Marles	(66)	CERTIFICATE OF DEATH
1	9	Registration Dist. No.
Village or City entreuelles 2FULL NAME MAY	No. Byline Harm	St: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL F	PARTICULARS MEDI	CAL CERTIFICATE OF DEATH
4 COLOR OR RACE SING	GLE, 16 DATE OF DEAT	
MID	RRIED. OWED DIVORCED te the second of the se	(Month) 29 (Day) 1930ar)
6 DATE OF BIRTH	17 I HEREI	Sy CERTIFY, That I stended the deceased from
(Month)	(Day) (Year) that I last saw h	urred on the date stated above, at San Am
// yrs. 7 mos./		ATH * was as follows:
s OCCUPATION (a) Trade, profession or particular kind of work	Carel Cart	a leskolicad
(b) General nature of industry business, or establishment in	mas in the hou	of a bottle of corn whisky, that
which employed or (employer)	Contributory Secondary	Lardiae Billantica
10 NAME OF O	(Signed)	(Duration) yrs. mos. Ada
FATHER CLES TRANS	mas 5/29 (0)	Sanddress Megherecello
OF FATHER (State or country)	*State the Violent Causes, Accidental, Suicide	Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether al or Homicidal.
OF MOTHER HOTEL		RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	ontracted,
14 THE ABOVE IS TRUE TO THE BEST OF M	Y KNOWLEDGE if not at place of d Former or usual residence	eath?
(Informant) Johnson Leville	19 PLACE OF BUR	IAL OR REMOVAL DATE OF BURIAL
(Address)	OT 1 1 1 20 UNDERTAKER	ADDRESS
Filed May 29 1920 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation single word or term on 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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N. B.

	PLACE OF DEATH	01559	STATE OF M	MARYLAND
6	ounty Charles	60	CERTIFICATE	OF DEATH
1	The state of the s	90)	Registration	Dist. No. 10 3
Villa	ge or City Celffus (No. 2 FULL NAME Class	D. J.	St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SI	Hale Colored SINGLE, MARRIED, WIDOWED OR DIVORCEM Relans	16 DATE OF DEA	(Month)	(Day) , 1920.
6 DA	ATE OF BIRTH	Δ.	O. 192 9, to 1	
	about 1862	that I last saw h	2	10 19
7 AG	(Month) (Day) (Year) If LESS than I dayhrs.		ATH & was as follows:	d above, at 11-75. Q.W
pa (b) bu wl	Trade, profession or printicular kind of work General nature of industry (Sincess, or establishment in hich employed or (employer) RTHPLACE (State or country)	Contributory Secondary	(Duration)	yre moe g de
ENTS	H BIRTHPLACE OF FATHER (State or country)		Olsense Causing Death, state (1) Means of Inj.	l allies
PARE	12 MAIDEN NAME OF MOTHER Levet / Line	Accidental, Suic	eidal or Homicidal, ESIDENCE (For Hosp	itals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs Where was disease cor	.mosda. In the	
14 T	(Informant) The BEST OF MY KNOWLEDGE	if not at place of death Former or usual residence	2	
15	(Address) Full Line Mil	Present	Cemelres	Feb 17-,1930
	iled Treb 16 1920 Collad It Roley Registrar	Bho! Of	Roby 1	Belalla
	If more blanks are needed address State Registrer	16 W Saratora St	Ralia Requesting V	R No 1

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a . litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, sepecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus : Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Whatever, write None. tired & yrs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou OF without more precise specification as Day At Home. For persons who have no occupation and children, not gainfully em--Coal mine, etc. Wom-But in many

Atterment of Cause of Death—Name, first, the bis-MASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia."

> symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or causing death). 29 ds.; Bronchopneumonia (seconduse of "Tumer" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menrhuge," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure," "Haemor stated unless important. ment of cause of death approved by Committee on quençes (e. g., sepsis, lefanus) may be stated under the ture of the injury, as fracture of skull, and conse diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease vulsions." "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need Chronic interstittal nophritis, etc. Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on state-Poisoned by carboli, acid-probably suicide. The natrain-worldent; Revolves wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or monicidal, of taken. For violent deaths state means or injury State cause for which surgical operation was under "Puerreral septicaemia." "Puerreral peritonitis," Examples: Accidental drowning; Struck by railway Example: Measles (disease The contributory terminai (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondeace. All the data is essential and must be obtained before the certificate is permanently filed

Z

¹ PLACE OF DEATH	09141 STATE OF MARYLAND
County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City Taulkus (No.)	St.; Ward) St.; Ward) a hospikal of institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH S- 5- (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) , 1 424 (Year) 1 day, hrs.	and that death occurred on the date stated above, at 0.7 m. The CAUSE OF DEATH * was as follows:
yrs, mes, ds. OR min.? B OCCUPATION (a) Trade, profession, er particular kind et work (b) General nature et industry business, er establishment in	3 has In
which empleyed (ar employer) BIRTHPLACE (State or country)	Contributory Christia Africa 42.
10 NAME OF FATHER Janua Farmer	(Signad) J. J. Lighton, G. R. a.
U State or country) 12 MAIDEN NAME 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whethe ACCIDENTAL, SULCIPAL OF HOMICIPAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant) Taring Taring	If not at place of death? Former or would residence
Flied 8-6-, 1910 P. P. Higdon	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Section 1880 29 UNDERTAKER ADDRESS
of more blanks are needed, address State Registrar,	8 W. Seratora St. Balte. Requesting V S No. 1

with the rap was there is not be

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Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill, (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fremun, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-indeathied. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates Struck by railway "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichacmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for mulignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations mound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St: Ward) a hospital or institution, EXACTLY. give its NAME instead CECILA FERGUSON of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 4 COLOR OR RACE stated 16 DATE OF DEATH ERMANENT MARRIED, WobiW MIDOWED OR DIVORCED (Month) (Day) HEREBY CERTIFY, That I attended deceased from Not KNOWN pluods eq ce (Day) Year) 10 7 AGE may If LESS than and that death occurred on the date stated above, atm. back 1 day, hrs. O NOY KNOWN The CAUSE OF DEATH * was as follows: A + OR min.? supplied. HEART TROUBLE 0 occupation (a) Trade, prefession, or NONE ons particular kind of work (b) General nature of industry terms, instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory See in Secondary 10 NAME OF (Signad) F Derrer 11 BIRTHPLACE RENT (Address) OF FATHER (State or country) State the IMERASE CAUSING DEATH, or, in deaths from VioLENT Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. of informatic OF MOTHER CECILA 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE OR RECENT RESIDENTS OF MOTHER At piace in the 99 (State or country) of death mes Z 14 THE ABOVE IS TRUE TO THE BEST Where was disease contracted. should state C If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

1 PLACE OF DEATH

If more blanks are useded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REGISTRAR

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons employed, as At school or the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) (irocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in therefore an additional line At home. Care should be Locomolive engineer. But in many cases, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia. Bronchopmeumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

nephritis, etc. The contributory (secondary or intercursough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Purpperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, shopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-Poisoned by carbolic acid-State cause for which Never report mere

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V. S. No. 1

PLACE OF DEATH	0	
dounty bhes los	(
Village or City Malcolm (No.		
2FULL NAME James R. Lee For	عد	
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DAT	
6 DATE OF BIRTH	-	
Mar 12, 1926 (Month) (Day) (Year) the		
	the CA	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cont	
(State or country) Chues lev		
10 NAME OF FATHER FYELL FORD 11 BIRTHPLACE OF FATHER (State or country) & & Vio		
of MOTHER Mine Hawkey 18 L		
OF MOTHER (State or country)	place death ere v	
(Informant)	mer cal res	

01560

STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No. 108

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH
(Write the word) May /2 , 1926 (Month) (Day) (Year) If LESS than day hrs. or min.?	(Month) (Day) (Year) (Year) (17 HEREBY CERTIFY, That I attended the deceased from 12 1930, to The 1920, that I last saw handlive on The 1920, and that death occurred on the date stated above, and that CAUSE OF DEATH * was as follows:
ssion or of work home	acule delation Heart
re of industry blishment in or (employer)	(Duration)
") Chues les	Secondary (Duration) yrs
trans tord	Feb 17 1980 (Address) I Ley Locke Tug
untry) bh bo	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
mong Hawkens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
many Church low	At place In the Stateyrsmosds. Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
) Malcolin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Feb. 8, 1930.
1980 Era Ptapfaliner	a Green approved agreement
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), stated unless important use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Committee on Nomenclature of the Example: Measles (disease etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) IIf LESS than 7 AGE I day hrs a) Trade, profession or n tel particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) very 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Hasd.	Ward)	a hospital	occurred in or institu- is NAME in- street and
MEDICAL CE	RTIFICATE O	F DEATH	
16 DATE OF DEATH	cect	26	192.0
	(Month)	(Day)	(Year)
17 I HEREBY CERTI			
192	to		, 192
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			10
and that deeth occurred on t		above, at	m,
THE CAUSE OF DEATH + Was	as rollows:		1
05.1	Bor	00 07 0 00 00 00 00 00 0 70 0 0 0	
	0200		

	(Duration)	Wes w	o de
Contributory	(24141011)		VB
Secondery	***************************************	**************************	***************************************
(Signed) 6 h a 6 (A)	(Duration)	Iller	08,ds.
*State the Disease C Violent Causes, state (1) Accidental, Suicidal or Homic	Causing Death, Means of Injudical.	or, in deat iry and (2)	ths from Whether
18 LENGTH OF RESIDENCE ients or Recent Residents)	E (For Hospita	le, Instituti	ons, Trans-
At place of deathyrsmos	ds. In the	yrs	mosds,
Where was disesse contracted, if not at place of des.h?	******	••••••••••	***************************************
Former or usual residence		***************************************	***************************************
19 PLACE OF BURIAL OR RE	00 17	Oct 2	6, 193 Z

ADDRESS

Registrar

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, 6 yrs). For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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it should be carefully supplied ACE should be stated LACTL.) SE OF DEATH in plain terms so that it may be properly classified is very important. See instructions on back of certificate. BRD PERMANENT BINDING FOR TH UNFADING INK---THIS RESERVED MARGIN of Information .-- Every Item of Informati CIAMS should state C statement of OCCUPAT INLY, 5. No. 1 8 2

	PLACE OF DEATH	02860 STATE OF MARYLAND
	County leastes	CERTIFICATE OF DEATH
1	1 0	Registration Dist. No.
1	Village or City La Plata (No.	St.: Ward) (If death occurred in a hospitel or institution, give its NAME in-
	2FULL NAME TOOL	forest steed and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 69	Mule Clased Stingle, MARRIED, WIDOWED CR DIVORCED CR D	16 DATE OF DEATH (Month) (Day) (Year)
	S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year	that I last saw halive on, 192,
	AGE affect IIILESS than	and that death occured on the date stated above, at
	60 I dayhrs.	The CAUSE OF DEATH * was as follows:
2	OCCUPATION /	
3 14	(a) Trade, profession or Laborer Prushing office	(ne 7./ . A
03	(b) General nature of industry	Or June Heart
N	business, or establishment in which employed or (employer)	(Duration) yrs mas de.
	9 BIRTHPLACE (State or country) (State or country)	Contributory Alcales
	10 NAME OF	(C) Duration) yrs mos O de
	FATHER Dort/Comments	Many 1923 (Address) All Allow and
	OF FATHER (State or country) Out	*State for Disfay Causing Death, or in deaths from Violent Carlo Disfay Causing Death, or in deaths from Accidental Suicidal or Homicidae.
	12 MAIDEN NAME OF MOTHER	Accidental Sucreal of Homicras.
	13 BIRTHPLACE	lents or Recent Residents)
	OF MOTHER (State or country) Kank	At place of death yrs mos ds. State yrs de.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	and of the	Former or usual residence
	(Address) Land Blanda	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Filed Mar 5 1930 Tillian Poser	20 UNDERTAKER Pen Latter
	If more blanks ara needed, addrosa State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed report specifically the occupations of Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Collon mill; (a) without more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The material Laborer-Coul mine, etc. Salesman. (6) persons en-Grocery; Wom-

authorization for

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Libbar phesimonia, Branchopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepais, tetanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma,, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of eause of Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) (name origin; "Caneer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease valvular heart etc. The contributory affection need not be disease; etc., of

correction

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI should state CAUSE OF L. TH in plain terms, so that it may be properly classified. Exact statement ERMANENT RECC BINDING WITH UNFADING INK -THIS IS A FOR RESERVED MARGIN PLAINLY

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PLACE OF DEATH County Charles	07933 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Cit of King Strong No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED ON WORKED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 4 - 4 - 1970, to 7 - 2/- 1970, that I last saw h — alive on 7 - 14 - 1970
7 AGE If LESS than 1 daybrs. or min.?	and that death occurred on the date stated above, at 5.7 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in	2 trustin & ra 3 mas 4
which employed (or employer) BIRTHPLACE (State or country)	Contributory artie Incompling
O 11 BIRTHPLACE	(Signed) & R. (Hyghen) 1 mos. 60. 7-22-, 1830 (Appress) Man Lich
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 OF MOTHER	*State the Disease Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPYACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of deathyrsmosds. Stale,yrsmosds. Where was disease contracted,
(Informati) Mally 13, Forth	tf not of place of death?
(Address) om Knight	Holy Short Comily 7-24-1000
Filed 7-23-1949 J. L. Hegdon, REGISTRAR	20 UNDERTAKER Charely, Robin Bellellon A.W. Saratora St. Balta Baquasting V. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, takon to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-('oal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in If retired from of age.

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,"); Lohar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus "PURRPERAL peritonitis," etc. birth or miscarriage as "Puenrenal septichaemia," cause. Always qualify all diseases resulting from chikletc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anacmia" (merely symptomatic), "Atrophy,"
lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anacmia" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 de.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which "Atrophy," punound ("Con-

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PLACE OF DEATH	STATE OF MARYLAND
County Churic	CERTIFICATE OF DEATH
9	Registration Dist. No.
Village or City & more famus for the famus f	St; Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OB DIVORCED (Write the word)	(Month) (Day), 1930 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH	6-25-1930,007-11-,1936
(Month) (Day) (Year)	that I last saw h landive on
7 AGE If LESS than 1 dayhrs. yrs	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	marassur
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondary ADuration
10 NAME OF PATHER OMNES N. FORCE	(Signed) J. K. Frydier, M. D. 7-11- 1930 (Address) Mansach
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Medus of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER MANY M. Tele 13 BIRTHPLACE OF MOTHER 14 OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Chay. N. Fryler	Former or usual residence
(Address) Transferrierelli	Holy Short Country 7-12-,19.36
Filed 198 Registrar If more blanks are needed, address State Registrar.	16 W. Saratoga St., Anlto, Requesting V. S. No. 1.
a divide and and another, duties blate Registrar.	TO IT. DELECTED DE DE LEGIOSTINE T. D. 110. L.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Carc should be taken whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the laborer, Farm laborer, Loborer-Coal mine, etc. Womer," etc., without more precise specification as Doy Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foremon, (b) Automobile foctory. Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL scplicocmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent), affection need not be use of "Tumor" for malignant neoplasms); Chronic interstitiol nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic volvular heart disease; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all Measles; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

PLACE OF DEATH County Charles	15481 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City The found of No	St.; Ward) (If death occurred in a hospitual or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2
6 DATE OF BIRTH	17 21 1924, to 12 22, 109 D.
(Month) (Day) (Year)	that I last saw h alive on 12-21, 1990,
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH &
yrs,mos	1/2
S OCCUPATION (a) Trade, profession or	Cost frank Contillian es
particular kind of work	death (Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosda
10 NAME OF Char. N. Lowly	(Signed) S. S. Hendern M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of Mother Manne 1	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos. da, State, yrs. mos. da,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Chan We forth	Former or usual residence.
(Address) Dorfkmille	Holy Shat Cal 12 25 , 1930
Filed 12 - 2 1 1920 L L Hegilm	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of lliness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Housemaid, etc. en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry; and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative licalth-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-The material

spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerepro" ed term for the same disease. Examples : Cerebrospinal to time and causation), using always the same accept. EASE CAUSING DEATH (the pfimary affection with Statement of Cause of Death-Name, first, the pis respect

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inunition" "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Puerperal scpliedemia." "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Соша," "Соп-Meastes; (merely (second-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
	(92) Registration Dist. No. \(\sqrt{0} \)
Village or City Markury (No. 2FULL NAME Joseph Smit	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWN (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year)
6 DATE OF BIRTH Sec. 5 1853 (Month) (Day) (Year)	that I last saw h alive on Nov. 4 1930.
7 AGE 7 AGE 16 LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Germany Thronbowe.
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Charles Co. Md.	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF G. FICTURELLING.	(Styned) Jo. C. Bickwill, M.D. Nov. 5 180. (Address) Pizyah, Ind.
State or country Clearles Co. Md.	*State the Disease Causing Death or, In deaths from Violent Causes, stato (1) Means of Enjury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Etomolieth tone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or country) Churles CO, Md,	At place of death yrs
1 1 10 1	Former or usual residence
(Informant) fring Franklen. (Address) Warlury Md.	Chicamaper, Del. Nov. 6. 130.
Filed NOV 5 1930/ A Josephonar d. Rogistrar	Las i Lamy Masin Spgr Ma
If more blanks are needed, address State Registrat	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

WYBGIN BESEBAED LOW BINDING

XACTLY n should be carefully supplied. ACE should be as V BEEN WHEN TH UNEADING INK--THIS VINI'Y resoluti W. B.--E/GIY

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enthe first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The n .ture of the injury, etc. The contributory affection need not be valvular heart disease; Nomenclature Always qualify all Measles; of the

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(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on account of the disease causing death, gaged in domestie service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer;" "Foreman," "Manager," "Dealen at home, who are eugaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Preeise statement of oe-For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); pyphoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. eausing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; vulsions," Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Meastes (disease Struck by railway Always qualify all (merely discase; (second-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. properly classificate. (If death occurred inWard) a hospital or institution, give its NAM'E in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MÉDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH / MARRIED. 99 WIDOWED. may n bac (Write the word) (Month) (Day) (Year).... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that it supplied. ACE an terms so that See instructions (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ERVED or min.? 8 OCCUPATION (a) Trade, profession or ⊆ Ø particular kind of work plai (b) General nature of industry business, or establishment in 1 which employed or (employer) H MARGIN 9 BIRTHPLACE Secondary (State or country) 04 D W (Duration) OG 10 NAME OF DE C 0 (Address) 11 BIRTHPLACE m ... OF FATHER Z の元 *State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) til Accidental, Suicidal or Homicidal. OZ. 12 MAIDEN NAM 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 A. ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER ____yrs.____ds. (State or country) of O Where was disease contracted, if not at place of dea.h?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) Every CIANS No. rå If more branks are needed, addre-s State Registrar, 16 W. Saratoga St., Baltd., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken laborer, Farm laborer. Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material Stationary firemun, etc. But in many Grocery;

Strtement of Cause of Death—Name, first, the bister.

EART CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

(letanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, accident; Revolver wound of head-homicide; Paisoned by "PUERPERAL septicaemia," PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepeis, earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases restiting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railroay train-(secondary Chranic interstitial nephritis, Whoaping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) for malignant neoplasms); Measles; Chronic affection need not etc. The contributory valvular heart disease;

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PHYSICIANS

CORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... If death occurred in St.:---Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCEO (Write the word) (Day I HEREBY CERTIFY, That I attended deceased DATE OF BIRTH unce Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day.....hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) Mille PARENT OF FATHER (State or country) State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. __ State ____ yrs.__ 14 THE ABOVE IS TRUE Where was disease confracted. If not at place of death?... Former or

15 REGISTRAR 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto Requesting V. S. No. 1.

usual residence

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use "Croud";) Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonaeum, etc., Carchicess of lungs, peri

mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Weasles; Whooping cough; Chronic oma, Sarcoma, ctc., of (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "TUERPERAL septichae-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	19142 STATE OF MARY
County Clarler	CERTIFICATE OF
11'22 A.	Registration Dist. No
Village or City Gell Soft No.	St.: Ward) (If de a hosp tion, g
2FULL NAME JOHN ORWER C	lolder stead number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH DUG 26 (Xigoth) (Day)
6 DATE OF BIRTH Duch 26, 185/	17 I HEREBY CERTIFY, That I attended the company of that I last say have alive on the company of
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) If LESS than I dayhrs.	and that death occurred on the date stated shove, a The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Type Typ	Ordral tomer
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.
9 BIRTHPLACE (State or country) Clarles Cer, Md.	Contributory Secondary (Dyraliop)
FATHER John a, Golden.	(Signed) Geo. C. Bicken Que 2793 (Address) Pis ga
OF FATHER (State or country) Charles Co-Pud	*State the Disease Causing Death, Vor. in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
of Mother Olizabetha Shirmer	18 LENGTH OF RESIDENCE (For Hospitals, Ins
13 BIRTHPLACE OF MOTHER (State or Country) Office Co. My	At place of deathyrsmosds. In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Bill Jak My	19 PLACE OF BURIAL OR REMOVAL DAT
15 Filed aug 270250 J Thompson Registral	Hunt & Ryon Hall
If more blanks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME is
	stead of street and

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Dug, 26, 1930.
	(Xigoth) (Day) (Year)
/	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to Que, 1930,
	that I last say herealive on Dug 24, 193,
1	and that death occurred on the date stated shove, at
	The CAUSE OF DEATH * was as follows:
	Pretral Himerlage
	(Duration) yrs. mos de,
	Contributory Secondary
	(Duration) yrsds,
	(Signed) Geo. C. Bilanell M.D.
-	Coug 27930 (Address) Isigal 8114.
-	*Styte the Disease Causing Death, Vor, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
-	
	ients or Recent Residents) At place
	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
	ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
	ients or Recent Residents) At place of death yrs ds. Where was disease contracted, if not at place of death? Former or usual residence
	ients or Recent Residents) At place of death yrs nos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Our Campus May 1930,

8. No. 1

m ż

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, .""Deal-Grocery;

Strument of Cause of Death—Name, first, the DISEA. "NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.], "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valundar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Clarles,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 0 /
Village or City ADUCCURUS (No	St.: Ward) St.: Ward) A Graph occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODIVORCED OR DIVORCED (Write the word)	(North) (Day) (Year) 17 I HERENY CERTHFY That I attended the deceased from
(Month) (Day) (Year	that Vlast saw h walive on July 25, 1980,
7 AGE 1 If LESS the lady with the lady of	ars. The CAUSE OF DEATH Was a follows:
(a) Trade, profession or particular kind of work	Turningal Bronchistitie
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs, mos ds.
9 BIRTHPLACE (State or country) Charles Co, Mid	Contributory Secondary
FATHER John () Golden	(Signed) (Address) Production of the Control of the
IN BIRTHPLACE OF FATHER (State or country) Carlle Co. M.	*State the Piscase Causing Death or, in deaths from Fiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Olygelette Shurm	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place (In the
(State or Country) (arille Co. 1111)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence.
(Informant) (Address) Arroactive Arro	19 BEACE OF BURIAL OR REMOVAD DATE OF BURIAL CHECK WILL AND SULEY 1930.
Filed July 77 1930 Ta Toutherland	L'ad un pertaker Ryny Walder M
If more blanks are needed, addre.s Ltate Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). sary to know (a) the kind of work and also (b) the whatever, write None. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a)nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; sman, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomolive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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tetanus) may be stated under the head of "co accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Aceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Recommendations on statement of cause of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY " "Marasmus," "Old Age," "Shock," Commit Chronic and consequences (e.g., sepsis, on etc. valvular heart The contributory ature butory." (disease disease;

PLACE OF DEATH	STATE OF MARYLAND
County Olearles	CERTIFICATE OF DEATH Registration Dist. No./02
Village or City Praytone (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONICOL. Male Withouse (Write the word)	16 DATE OF DEATH (MOSh) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Yesr)	that I last say h malive on Sugl. 22, 1930,
7 AGE If LESS than I day hrs or min.	. The CAUSE OF DEATH , was as Tollows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Charles, Co. Md.	Contributory Secondary Operation Operation
10 NAME OF Joseph C, Gray	(Signed) Jea C, Dickmell M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
of MOTHER Eles abelle Claggell 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Marifland,	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Marchall, C. gray	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) grown Ang.	Investige Ind. Wing 20., 1930
15 Filed Rug 24 30 Jola V. Hommy	The aboldwanny
If more banks are needed, address Leate Registre	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know fulness of various pursuits can be known. whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed worked on may form part of the second statement Physician, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tctanus) may be stated under the head of "eontributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atie), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilohaeum, etc., Carcinoma, Sarcoma, etc., ot American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-Chronic ete. valvular heart disease; Nomenclature of the The contributory Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

S. No. 1

	PLACE OF DEATH County O - Lower	
Vil	llage or City Pennsky (No	
	FULL NAME Moon Grang	****
	PERSONAL AND STATISTICAL PARTICULARS	
	SEX 4 COLOR OR RACE SINGLE, WIDOWED. OR DIVORCED (Write the word)	16
6 1	DATE OF BIRTH (Month) (Day) (Year)	th
7 /	If LESS than day hrs. or min.?	TI
(P (b v -	a) Trade, profession or particular kind of work positional nature of industry pusiness, or establishment in which employed or (employer)	7774
9 E	State or country) Nouy loud No NAME OF	*****
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(S
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OTH Control Country Co	At of W
4	(Informant) How Hoy (Address)	Fo us 19
15	Filed Dury 1930 Wangh W. Registrar	20
	If more branks are needed, address State Registrar	. 1

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL	CERTIFICATE	OF DEATH

IS DATE OF BEATH	A -	19	0.0
		13	1:50
***************************************	(Month)	(Day)	(Year)
17 I HEREBY CERT			ceased from
	25 . 10 2	-13 .	13-0
	4	1	
that I last saw h A alive	on	7 26	, 192.7,
and that death occurred on	the date state	d above, at	m.
The CAUSE OF DEATH * w	as as follows:	. 0	
a cule deli	chair	. of her	ut
pureded by	Dana da	P2 -	A
			ansec
tes) voscule	u dese	aces of	uelli
by perlucion	+ aug.	uce pe	lus
•		S'TR	nosds.
Contributory Real	rue 4	ung	· · · · · · · · · · · · · · · · · · ·
Secondary			
	(Duration)		nosds.
(Signed) GROW	مليسمه		
alie	0		· Prol
192 Q (Add	ress)		Jan back belle gir
*State the Disease Violent Causes, state (1)	Causing Death,	or, in de	ths from Whether
Accidental, Suicidal or Hom	icidal.	ajury and (=) whether
18 LENGTH OF RESIDENCE	CE (For Hospi	tals, Institut	lons, Trans-
ients or Recent Residents			
At place	In the		,
of deathyrsmos.	da. Sta	teyrs	mosde.
Where was disease contracted, if not at place of death?			
Former or usual residence		***********************	
19 PLACE OF BURIAL OR F	REMOVAL	DATE OF	BURIAL
whools. He		2 1	0 - 1
	and the second	1	19.3.4
20 UNDERTAKER	1. has 4	ADDRESS	

La Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Scrvont, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a labarer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealreport specifically the occupations of persons en-Foremun, (b) Automobile factory. The 01 For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully emwithout more precise specification as Doy For persons who have no occupation material Groccry; Wom-

Strtement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Labor pneumania, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicocmia," "PUERPERAL perilonitis, discases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chranic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis af lungs, menapproved by as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whaoping cough; American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic volvular heart disease; nephritis, etc. The contributory The n.ture of the injury, Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING PLAINLY, TH UNFADING INKTHIS INA PERMANENT CCORD of Information should be carefully supplied ACE should be stated EXACTLY, PH ill state is set important. See instructions on back of certificate.	. 0	Village or City Rushing (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stend of street annumber.)
	t may be prought on back of	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. PROVIDED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192
	supplied ACE n terms so that See instruction	(Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.?	that I last sew h alive on 192 and that deeth occured on the date stoted above, at / I am The CAUSE OF DEATH * was as follows:
	ant	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos / 2 de Contributory Sucondory (Duration) yrs mos de Contributory Sucondory (Signed) A La Handley Sale M. D
	d stat	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
WILE WILE	CIANS shou	(Informant) Randolf Brown (Address) Physical Registral Filed 12-6-1927 & Registral	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Shiphing Address 20 UNDERTAKER ADDRESS ADDRESS AMASSIAL
		If more banks are needed, addrow State Registrar,	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, we have engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, state occupation at beginning of illness. If retired from sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulless of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only anot paid Housekeepers who receive a tion is very important, so that the relative health report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (a) the kind of work and also (b) the Architect,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia", "Lobar pneumonia, Bronchopneumonia" ("Pneumonia", "

atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of tetanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "TUERFERAL peritonitis, "Uraemia," "Weakness," etc., when a definite discase use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death American Medical Association. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY " "Marasmus, " "Old Age, " "Shock," cough; for malignant neoplasms); Chronic Example: Meastes (disease etc. valvular heart The contributory Mensles; discuse

If this certificate is I oked over thoroughly and all qu 'ions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Julness of various pursuits can be known. The ques-Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician. the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on W8 . Furm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor. Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Stritement of Cause of Death—Name, first, the DISEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic Chronic interstition nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	07164 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. 106
Village or City Bryans Rast (No.	St.: Ward) (If death occurred a hospital or instit
2 FULL NAME John M. Hal	tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married Widowed. Male While (Write the word)	16 DATE OF DEATH LUCLE 27, 1980. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 13, 1843 (Month) (Day) (Year)	that I last saw h Leccolive on Secure 26, 1933
7 AGE 8 7 yrs. 3 mos. 14 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Abace (Duration) 16 yrs. mos. d
9 BIRTHPLACE (State or country) Muy land	Contributory Appleles + Pyllets Secondary New York Supraison On the Same Supraison
10 NAME OF FATHER Nathanel Halley.	(Signed) EBORULUS M. I
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Soul - (Lucy)	At place of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John E. Hallan	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Sulow. June 39, 19.3.1
Filed June 18 1980 Hangh M. Chair.	Hunt & Russ Wolder W

If more blanks are needed, addre. S tate Registrar, 16 W. Saratoga St., Balta, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Enhaustion,') "('Heart lamus,') "Old Age,') "Shock,"
"('Inanition,') "('Marasmus,') "('Old Age,') "Shock,')
"('Uraemia,') "Weakness,') etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature

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write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer. Form laborer, Laborer of the second statement Never return "Laborer." "Foreman," "Manager." "Poster offe without more mobile factory. The material worker on may form part mill; (a) Salesman. (b) (crocxry. (a) Foreman. (b) Autoonly when needed. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. 13ml cian, Compositor, Architect, Locomotive engineer, business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on ness of various pursuits can be known. The question -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton in many cases, If retired from ('ivil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory" and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull mus, Struck by railway train-accident, Revolver SUICINAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as accidental, head-homicide; to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy. "Exhaustion." "Heart failure," "H. emorrhage," "Inamtion," "Maraslapse, "Anaemia" symptoms or terminal conditions, such as "Asthenia." chopmeumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart discose; Chronic interstitud "Tumor" for malignant neoplasms): Measles: Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of..... or miscarriage as "PINERPERAL septichumia," "Old Age," "Shock." Always qualify all diseases resulting from child-"Coma," (merely symptomatic). The contributory (secondary or intercur-Poisoned by corbolic acid-probably "Convulsions," "Debility" ("Con-"Unwiria." "Weekness." Never report mere Recommendations punon

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	PLACE OF BEATH County La	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 108
cate	FULL NAME Mary Catherene	St.: Ward) (If death occurred In a hospital or institution, give Its NAME It stead of street and number.)
of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Those 4 , 1920 (Month) (Day) (Year)
0 6	DATE OF BIRTH Apr 14, 1853 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 70. 3, 1920, that I last saw herealive on 70. 3, 1920,
nstructions	AGE 77 yrs. 6 mos. ds. or min.?	and that death occurred on the date stated above, at
important, See	a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yree mos de. Contributory Secondary (Dyretion) A yree mos de.
s very	10 NAME OF FATHER BENY SIVENS	(Signed) Autres C. Chappelan M. D.
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1 0	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLAGE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
0	(Informant)	if not at place of death?
statement	(Address) Day Bofo, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Printly hurch Mor 5, 1930 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
=		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without more precise specimentum as var laborer, Farm labarer, Laborer—Caal minc, etc. Women at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many work, or At Hame, and children, not gainfully employed, as At school, ar At hame. Care should be taken hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Hauseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cattan mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Campositor, Architect, Lacomotive engineer, whatever, write Nane. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Fareman, For many occupations a single word or term on For persons who have no occupation (b) Automabile factory. The material (b) Grocery;

Sty: ement of Cause of Death—Name, first, the DIS-LEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumania, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumania (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping caugh; American Medical Association.) trtanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritanitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train— Recommendations on statement of cause of death peritanaeum, etc., Carcinama, Sarcama, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; nephritis, etc. The contributory not be

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6

ATH in plain terms, so that it may be properly classified. Exact statement tant. See instructions on back of certificate. ERMANENT RECO BINDING WITH UNFADING INK -THIS IS FOR RESERVED MARGIN PLAINLY should state CAUSE OF DOCCUPATION Is very in V. S. No. 1.

0 Z

1 PLACE OF DEATH	0361 STATE OF MARYLAND
County MARLIN	CERTIFICATE OF DEATH
Mean (7/1 and	Registration Dist. No. 105
Village or City No. , The Publication C	St; Ward) St; Ward) Stift death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH Jace 19 1849	that I last saw because on the property of the same of
7 AGE (Month) (Day) (Year) 1 day, brs. 0 or min.?	and that death occurred on the date stated above, at
Ca) Trade, profession, or farmer (a) Trade, profession, or farmer (b) General nature of industry	Chaleyonephritis
business, or establishment in which employed (or employer)	Contributory a Leible o
(State or country)	Contributory Contributory Secondary (Bursilee) 778.
10 NAME OF Charles Harley	(Signed) 1. C. Mourd?
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF 12 MAIDEN NAME OF 12 MAIDEN NAME OF 13 MAIDEN NAME OF 14 MAIDEN NAME OF 15 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental,
C OF MOTHER Melvina Johnell	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mid	OR RECENT RESIDENTS) At place to the ef deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informent) (Informent)	Pasual residence
(Address) Paldys Mil	at racely emeler 1/13 1020
Fled 1370 10 - LONONTESE REGISTRAR	Hants & Reyon Walder

If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile Jactory. only when needed. As examples: know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physical Companies applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully (a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, (a) Spinner, (b) Collon But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably BUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of "Senile," etc.), The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; State cause for which Never report mere

"tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cartificate is permanently filed.

	0362 CTATE OF MARWANA
PLACE OF DEATH	STATE OF MARYLAND
County Charles,	CERTIFICATE OF DEATH
a wolden to	Registration Dist. No. 108
Village or City Gallaut Green, 2 FULL NAME Quelya Geres	St; Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARAGERIO, WIDOWED OR BUVORCED (Write the word)	16 DATE OF DEATH Continue Co
6 DATE OF BIRTH	Dec 2 k 1929, to 192 .
Movember 2nd 1929	that I last saw h can alive on Dec 26 192 9.
(Month) (Day) (Yenr)	and that death occurred on the date stated above, at 3 130 ct.m.
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
ds.lor min. ?	
8 OCCUPATION (a) Trade, profession or particular kind of work	ante gates entailis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmos ds,
9 INRTHPLACE (State or country)	Contributory Office &
10 NAME OF	(Duration)yremos de,
FATHER OSCOL Harles	(Signed) dues E Ustan M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from
12 MAIDEN NAME OF MOTHER	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER O	ients, or Recent Residents) At place In the
(State or country) Charles Co.	of death yrsmosda. State,yrsmosda. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) SCAX Harlles	Former or usual residence.
(Address) Gallauf Green	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL
16 n. Man n. S. W. M. M.	20 ENDERTAKER ADDRESS
Filed / 192 Ona Chaffle on Registrar	A Grimes Clourge Mil
If more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Cyoup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide, as probably such, if impossible to determine definitely symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc.. The contributory inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," ary), 10 ds. Never report mere symptoms or terminal Whooping cough; Chronic valpular heart disease; use of "Tumor" for malignant neoplasms); Meusles; Poisoned by carbolic acid-probably suicide. The nataken. For violent deaths state means of injury "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be "Debility" ("Cougenital," "Senile," etc.), (Recommendatious on state-Example: Mcasles (disease (merely ete.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescapation is very important, so that the relative health er," etc., without more precise specification as Doy labover, Farm lcharer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile foctory. The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Elamples: Cerebros pinal Typhoid fever (never report "Typhoid Pneumonia" to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebro pneumonia, Broncho:pneumonia ("Pneumonia,

> stated unless important. Example: Meosles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measter; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, discases Chronic interstitiol nephritis, Whooping approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic etc. affection need not be volvular The contributory heart disease;

permanently filed. answered in detail, it will prevent further correspondence. . the distance is essential and must be obtained before the certificate is Mathis certificate is a oked over thoroughly and all qu guoin

N B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PRCIANS should state USE OF DEATH in plain terms so that it may be properly classified. I statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANEN MARGIN RESERVED FOR BINDING TH UNFADING INK---THIS A PERMANE AINLY, S. No. 1

PLACE OF SEATH County Mushin	10325 STATE OF MARYLAND CERTIFICATE OF DEATH
8 11 1	Registration Dist. No.
Village or City of Common 2 FULL NAME & Cies A	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 - 19230 (Month) (Day) (Year)
6 DATE OF BIRTH 9 - 8 , 1930 (Month) (Day) (Year)	that I last saw halve on 192
7 AGE	and that death occured on the date stated above, at
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Durstion) yrs mos de Contributory Secondery (Durstion) yrs mos de (Signed) Physical So Physical M. D. G - 4 - 1932 (Address) May a side
OF FATAER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	eState the Disrase Causing Death, or, In desths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Biospitels, Institutions, Trensients or Recent Residents) At place In the Of death yis mos ds. Where was disease contracted, if not at place of death?
(Informant) Line Harris (Address) Line Plant Harris (Addre	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS OUNDERTAKER ADDRESS 16 W. Sayatoga St., Bulto, Requesting V. S. No. A.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulless of various pursuits can be known. whatever, write None. gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only mot paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, report specifically the occupations of persons ention is very important, so that the relative health For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

13 1938

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDA., "PJERPERAL septicaemia," "PUERFERAL peritonitis, "Uraemia," "Weakness," etc., when a definite discase "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a lqu 'ions answered in dorsal, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Clais	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ocrufy (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME It stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mult Color or RACE 5 SINGLE, MARRIED, WIDOWED. Hummed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) If LESS than I day hrs. yrs. mos. ds. or min.?	17 I HEREBY CERTIFY, That I attended the deceased from 2 1929 to 1922 that I last saw han alive on 1920 and that death occurred on the date stated above, at 13 2 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, pyofession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Olympia Parket Secondary (Duration) 3 vs. mos. de
10 NAME OF FATHER Suple Standing of FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER ALL STANDING OF	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thomas Huwbows (Address) Pointret Mod 15 Filed June 2 1983 M S Hay den Registrar	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Stray's Carnelary Less Fort Hold 20 UNDERTAKER Land Y Penn La Ploto, Md.
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealetc., Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation 6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory valvular Always qualify all heart disease;

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	PLACE OF DEATH	CERTIFICATE OF DEATH
C	ounty Charles	
	P. 01.	Registration Dist. No.
Ville	2 FULL NAME AME Ha	St; Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED CLOW OR DIVORCED (Write the word)	(Month) (Day) (Yen
6 D	ATE OF RIRTH	
	unknown,	that I last saw haliva on, 192
	(Month) (Day) (Year)	and that death occurred on the data stated above, at
7 AG	I dayhrs.	The CAUSE OF DEATH & was as follows:

3 00	CCUPATION da. orda. ormin. ?	1 1 1 1 11
1 (a	CCUPATION a) Trade, profession or (2, 1 farman	and allow to the state of
(a pa (b	atticular kind of work CCUPATION articular kind of work COUPATION COUPATI	ant Hout whom frunk
(a pa (b	atticular kind of work. Cyplurman	ant plant of lyn frimts mit gill by the most
(a pa (b br	articular kind of work a) General nature of industry usiness, or establishment in	Contributory Drumb Secondary
(a pa (b br	CCUPATION a) Trade, profession or Cypluman articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country)	
(a pa (b br	CCUPATION a) Trade, profession or Oystuman articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER FATHER HANKING	(Signed) (Duration) yre. moe.
(a property of the property of	CCUPATION a) Trade, profession or Cypluman articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Additional contents of the country	(Signed) (Duration) yre. mos. (Signed) (Address) Management of Manageme
(a ps (b br w p B1	CCUPATION a) Trade, profession or Cypluman articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Duration) yre
(a property of the property of	CCUPATION a) Trade, profession or Oystrman articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) 1RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATIFER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 STATES A ST	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos.
(a parket a	CCUPATION a) Trade, profession or Oyphana articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATIFER (State or country) 12 MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER	(Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training, or Recent Residents) At place
(a property of the property of	CCUPATION a) Trade, profession or Optimal articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) PHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary (Duration) (Signed) State the Disease Causing Death, or, in feaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, or Recent Residents) At place In the State, yrs. mos. da. State, yrs. mos.
(a pa	CCUPATION a) Trade, profession or Oystrman articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) 1RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATIFER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Secondary (Duration), yre. mos. (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. Where was disease contracted, if not at place of death? Former of
(a pa	CCUPATION a) Trade, profession or Oppluman articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATIFER (State or country) 12 MAIDEN NAME OF MOTHER IS BIRTHPLACE OF MOTHER (State or country) PHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Secondary (Duration)

S A PERMANE

MARGIN RESERVED FOR BINDING

ACCES.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Whatever, write None. gaged in domestic service for wages, as Servant, Cook. ployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

use of "Tumor" for malignant neoplasms); Meastes; Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." querices (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or train-aecident; Revolver wound of head-homicide; taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal scpticacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," ctc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. unqualified is indefinite); Tuberculosis of lungs, men ingits, perifonatum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Meastes (disease (seconddiscase;

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MARGIN RESERVED FOR BINDING AINLY WITH UNFADING INKTHIS A PERMANEN information should be carefully supplied ACE should be stated EXACTLY, PHYN- state OAUSE OF DEATH IN plain terms so that it may be properly classified.
AINLY WITH UNFADING INKTHIS A PERMANEN ORD nformach, should be carefully supplied ACE should be stated EXACTLY State OAUSE OF DEATH in plain terms so that it may be properly classification of the control of the co
MARGIN RESERVED FOR BINDING AINLY WITH UNFADING INKTHIS A PERMANEN nformat should be carefully supplied ACE should be stated E)
MARGIN RESERVED FOR BINDING AINLY WITH UNFADING INKTHIS A PERMANEN nformat should be carefully supplied ACE should be st atoto OAUSE OF DEATH in plain terms so that it may be proceed.
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AAINLY WITH UNFADING INK nformat should be carefully sup- state oause of DEATH in plain ter
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County CHARLES

STATE OF MARYLAND CERTIFICATE OF DEATH

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7	7 36 1
,	NOI
	1

Registration Dist. No. 156

Vill	2 FULL NAME Joseph Lawrence Hawkin	St.; Ward) (If death occurred in a hospital or institu- tinn, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Male Colored Single, Markied, Wildowed On Divorced Owner Single	De cember 16 , 1950
6 1)	ATE OF BIRTH	.8 December 1930 December 180.
7 AC	(Month) (Day), J 1928 (Year) (Year)	that I last saw h.I.M. alive on 15 December,, 19230 and that death occurred on the date stated above, at 1:00 amount of the CAUSE OF DEATH 2 was as follows: Acute nephritis
(l b w	CEUPATION a) Trade, profession or larticular kind of work b) General nature of industry lusiness, or establishment in which employed or (employer) IRTHPLACE (State or country) Charles County	(Duration)
RENTS	10 NAME OF FATHER JOSEPH Lawrence Garner 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) ROSET A ANOTOM M. D 12-16- 1980 (Address) Na val Dispesary *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
A d	12 MAIDEN NAME OF MOTHER Eliza Anne Hawkins 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the State,yrsmosda
15	(Informant) Eliza A. Hawkins (Address) Indian Head, Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAE DATE OF BURIAL Sem 1, 1936. 20 UNDERTAKER ADDRESS
	Registrar If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day Never return "Labo"er," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (u) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in Comestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement (a) Foreman. (b) Automobile factory. whatever, write Nonc. tired 6 Wis.). business, that fact may be indicated thus; Farmer (re-Statement of Occupation - Precise statement of oc-For many, occupations a single word or term on For persons who have no occupation and children, not gainfully em-The material

Statement of Cause of Death—Name. first, the disease catsian of Cause of Death—Name first, the disease catsian of the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"): Diphtheria (avoid use of "Cronp"); Typhoid fever (uever report "Typhoid pneumonia"): Lodar pneumonia, Bronchopneumonia ("Pueumonia,"

use of "Tumor" for malignant ueoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of nuqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," ment of cause of death approved by Committee on head of "centributory." (Recommendations on statequences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrear as probably such, if impossible to determine definitely State cause for which surgical operation was under "Puerperal seplicaemia." Puerperal peritonitis," "Uraemia," "Weekness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) For VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; "Anaemia" Measles; (second-(disease (merely -TOD"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the pertificate is permanently filed.

PLACE OF DEATH County Surfus Village or City Marken (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) (If death opeured in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
le shit	CM, 1. 1000, to 11 - 8 - 1000.
(Month) (Day) (Year)	and that dath occurred on the data stated above, at 4. Q., m.
7 AGE	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	afrifile
business, or establishment in which employed or (employer)	Contributory of house of the secondary
(State or country) 10 NAME OF FATHER MANUAL RAY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Address (Addre
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yra moa da, State, yra moa da,
(Informant) William Best of My Knowledge	Where was disease contracted, if not at plece of death? Former or pusual residence.
15 Filed / FU 1980 Y. L. M. D. Registrar	Sheld Control ADDRESS 20 UNDERTAKER Land Way shade Way shade
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. A.

45. 25. SA

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE-CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Upuscwife, Houseeu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Coal mine, etc. The material The ques-Wom-

Statement of Cause of Death—Name, first, the prise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"), spinal meuingitis"); Diphtheria (avoid pneumonia"), Typhoid fever (uever report "Typhoid pneumonia,"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcond, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," "Debility" symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. causing (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart discase; ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia ("Congcuital," "Scnile," etc.), (R'commendations on state-Example: Meastes (disease Struck by railway The na-(second-(merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	028
County Oh a That	(120
Village or City Dolds (No.	(8)
2FULL NAME Stills Bow	Ha
PERSONAL AND STATISTICAL PARTICULARS	
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE C
S DATE OF BIRTH	17
(Month) (Day) (Year)	that I last
AGE	and that d
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
BIRTHPLACE (State or country)	Contrib Secon
10 NAME OF STATHER STATE OF PARKET	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*Sta Violent Accident
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
(Informant) Headine Hawking	Former or usual reside
5 Filed 3/19 130 U. C. Morres Registran	20 UNDEI

lf more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Le. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 105

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CER	TIFICATI	E OF DEA	TH	
16 DATE OF DEATH	Jane	ch	19 192	3-0
^:10000-000000000000000000000000000000	(Month)	(Day)	(Y	(car)
17 I HEREBY CERTIF	Y, That I	attended th	e deceass	d from
192	to			192
that I last saw halive or	n			192
and that death eccurred on th The CAUSE OF DEATH * was			t	m
2 m		Brn	-the	
(yrs		ds
Contributory Secondary	Duration)	/yrs	nys	ds,
(Signed) 192 (Addres	18)	Bald	M	M. D
*State the lisease Conviolent Causes, state (1) Accidental, Suicidal or Homicion	ausing I)ca Means of dal.	th, or, in Injury and	deaths f	ther
18 LENGTH OF RESIDENCE	(For Ho	spitals, Ins	titutions,	Trans
At place of deathyrsmosd		the Stateyrs	mos.	ds
Where was disease contracted, if not at place of dea.h?		**********		
Former or usual residence	n o aqui indicade de e e e e e e e e e e e e e e e e e	. em 400000000000000000000000000000000000		
19 PLACE OF BURIAL OR RE	MOVAL	DAT	E OF BUR	HAL

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed etc. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Stritement of Cause of Death—Name, first, the Disease Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Always qualify all stated unless important. accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitied nephritis, etc. The contributory Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperitonacum, etc., Carcinoma, Sarcoma, etc., oi Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHY CIANS should state CLUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPA N is very important. See instructions on back of certificate. A PERMANENT BINDING MARGIN RESERVED FOR TH UNFADING INK---THIS INLY,

V. R. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Muslin	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Mays (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Ella 9, BA	tion, give Its NAME Irstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MARRIED. WIDOWECONALS	16 DATE OF DEATH
WIDOWECK CONTROL OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
y my 4, 158	That I last saw h 22 aliva on 24 8 1 1929
(Month) (Day) (Yaar'	286
7 AGE If LESS than I day hrs	u la company de la company
50 yrs	
a) I rade, profession or particular kind of work	Cure premary in spir
particular kind of work (1)	· not cord : section of vertebral column removed
business, or establishment in which employed or (employer)	Decamenta 1928. (Duration) year of mose de
9 BIRTHPLACE	Contributor Metastases in glands in arm, and
(State or country) Md,	Question) yrs mos de.
TO NAME OF PARTHER PARTHER PROPERTY.	(Signed) M. D.
II BIRTHPLACE	1-1-180 (Address) / May
OF FATHER (State or country)	*State the Disease Causing Peath, or, in deatha from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Wise	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Bunton Hayden	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Traffer Smith	Sheli ble + Central - 2 - 120
16 1 1 P D BL - No	20 UNDERTAKER ADDRESS
Filed - 1900 V, E, Programa	Chan M. Robin Belleton
If mora banks are needed, addrosa State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the dutics of the er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physicion, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, For persons who have no occupation Locomotive engincer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcomo,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory discase;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

BINDING MARGIN RESERVED Every Item of statement of

PLACE OF DEATH County harles	06018 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. /08
Village or City Village O. Juliung O. Juliung O. Juliung	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Man 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Man 2, 1938 (Month) (Day) (Year)	that I last saw halive on, 192, 192,
7 AGE Julian If LESS than I day hrs. yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work	Stillwrn.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) ws mod ds.
10 NAME OF FATHER whig tellmeur	(Signed) En Staffel Syl Roy M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Annua	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) tale Buller	Former or usual residence
(Address) Highenelle, Ind	Galland Green nd Sta 1930
15 Filed 5/2 19230 En Oloffeler Registrar	20 UNDERTAKER ADDRESS Sulving Hellowing Declinein Sr. Haldorf Mil
If more banks are needed, address State Registrar	, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; without more precise specification as Day (6) For persons who have no occupation Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was underapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent urther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF BEATH	04791 STATE OF MARYLAND
County (County	CERTIFICATE OF DEATH
A.	Registration Dist. No. 103
Village or City/ fgc Evelynde	St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
2FULL NAME JOURS Cleu	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (North) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFF, That I attended the deceased from 1927 to Ellorth 30, 1930,
(Month) (Day) (Year)	that viast saw h Maiive on Mand Jo., 1936,
7 AGE If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Suaceson
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. I mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs Tmos 24 dg
10 NAME OF SON & SULL	(Signed) M. D.
M 11 BIRTHPLACE OF FATHER OF	197 (Address) In deaths from
Z (State of gounts)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLEY Of ARClaim	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place in the of death yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Dos & Hill	Former or usual residence
(Informant) (Address) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 4 1936.
15 Filed afral 31930 & P. 1 Spett	They perton Medacion
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rehou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, for many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Locomotive engineer, As examples: (a) Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstilial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ass important. Example: *Measles* (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

80

PLACE OF DEATH County Charles	05458 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Same (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of streel and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWELD OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	, 192, to , 192
(Month) (Day) (Year)	that I last saw h, alive on, 192
7 AGE If LESS than I dayhrs. yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Consulsion (mon really)
(b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 4 yrs mos da
10 NAME OF FATHER HILL	(Signed) T. R. Higher, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disense Cousing Death, oy, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER CHAPTER SILVER SILVE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrsmosda. Stateyrsmos de.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Salva	Former or usual residence
(Address) & Sasure 15 Filed 5: -2) - 1920 7. R. High	19 PLACE OF BURIAL OR REMOVAL AFE OF BURIAL Why has been seen and see of Burial 20 UNDERTAKER ADDRESS
If more blanks are needed; address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

in the

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory: The material fulness of various pursuits can be known. The ques-Civil engineer, Stationary fremen, etc. But in many tiou applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been chauged and ehildren, not gainfully em-Wom-

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Measles (disease State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse,". "Coma," conditions, such as "Asthenia," "Angemia" "Uraemia," "Weakness." cte., when a definite disease causing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory use of "Fumor" for malignant neoplasms); Meastes; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of vulsions," "Debility" (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discuse; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MIGNIS OF INJURY ("Congenital," "Senile," (Recommendations on state-Struck by railway Always qualify all (second-(merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH,
79 11:	Registration Dist. No. 104
Village or City Showpfung tho.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME homes f.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH SLIPT, 10 (Month) (Day) (Year)
6 DATE OF BIRTH June 9 , 1 /21	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 V.
(Month) (Day) (Year	and that death occured on the date stated above, at 11.30 Pm.
7 AGE If LESS than dayhrs.	
B OCCUPATION (a) Trade, profession or Nove	Teething & spans
particular kind of work (b) General nature of industry	<u> </u>
business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF STHER OF STATE	(Signed) It (Inclued) Gente John.
IN II BIRTHPLAGE	Sept 11 1924 (Address) Ssee I Inel
OF FATHER (State or country) Manyland 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAID	*State the Discase Causing Desth, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Collie Chisley	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER MARINE	At place In the of death yis mos ds. State yis mos ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John Hilton	Former or usual residence
(Address Thom kembelle, med	Holy Short Counter, Sept 12, 1930
Filed 9-11- 1980 L. Higher	John Hilton Thruphing
If more banks are needed, address tate Registran	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, tion applies to each and every person, irrespective of full of various pursuits can be known. The quescontion is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm leborer, Laborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day N. For persons who have no occupation are engaged in the duties of the Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shoc (secondary or intercurrent) affection need in (disease approved tetanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver would of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PJERPERAL septicuentia," "PUERFERAL perdonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Weastes; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic etc. The contributory valvular Always qualify all heart disease; " Shock,"

If this certificate is Loked over thoroughly and all questions answered in defail, it will prevent further correspondence. It the data is essential and must be obtained before the certificate is permanently filed.

VED 90 V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Cherrens	CERTIFICATE OF DEATH
	(74a)
91. 1	Registration Dist, No.
Village or City / State of 19	St.: Ward) (If death occurred in a hospital or institu-
oraloute gree	Michael Market and Street and
2FULL NAME ATTORIC CONSTITUTION	y III - Jasiffe (pumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
of the Widowed. Homes	(mg 08/, 19230
Frmale 79 W/4 OR DIVORCES (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
tel 25 1663	(my 2) 19220 to Chry (3), 19250
(Month) (Day) (Year)	that I ast saw h St alive on Com 190, 1925
7 AGE If LESS than	and that death occurred on the date stated above, at 7 Q . m.
67 / 1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 6 mos. V ds. or min.?	
8 OCCUPATION (a) Trade, profession or	
particular kind of work	Knebral Fernesseef
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
Jauguer C. Va	yrs mos de.
10 NAME OF STATHER AS A STATE OF STATE	(Signed) M. D.
WAIRTHRIAGE & THE THINE	and 2 192 & Address) But allowhere
1 0/1	
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Comme H down the	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
TA THE ABOVE IS AND TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Selecen Mylly	usual residence
1 0 0 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mass Mag	London Varh (sunting Salting Defo 2, 1936
15 Filed aug 31 1930 /J Ainston	20 UNDERTAKER ADDRESS
Registras	1 Stunt + Plyon / Mach Mid
If more blanks are needed, address state Registra	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart The contributory disease; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Exact

1PLACE OF DEATH	2360 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. / O
Village or City January 1. (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Robert Jack	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, MOUVED, OR DIVORCED (Write the word)	16 DATE OF DEATH Q 2 21 192(3) (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sout know 1	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 DCCUPATION	
(a) Trade, profession or particular kind of work	accide to day on
(b) General nature of industry	A Seld Walter VIO
business, or establishment in which employed or (employer)	Duration Duration
9 BIRTHPLACE (State or country)	Contributory Secondary
Charles Co	(Duration) yes mos de.
FATHER SOLD A SO	(Signed) M.D.
II BIRTHPLACE	(Address) La lua
OF FATHER (State or country) Chas.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of death yrs
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Wille Skinner	usual residence
(Address) Cross Roads	IS PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
15 Filed Out ny 19220 Rulium Fose. Registrar (20 UNDERTAKER Penn Lablatam
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. tired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g.; Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISAL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

American Medical Association.) telanus) may be stated under the head of "contributory." stated unless importan+ as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping pertionaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	12361 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	740 Registration Dist. No.
Village or City Xee Cella (No.	St.: Ward) (If death occurred in
2FULL NAME Du a of out Com	a hospital or institution, give its NAME instead of streat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finally A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ON 193 O (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 19, 1858	Cos 9 190. 10 Cos 19 , 123 D
(Month) (Dsy) (Year)	that I last saw h so alive on Association, 193
7 AGE If LESS than I day hrs.	and that death occurred on the data stated above, at 12-16-2, m. The CAUSE OF DEATH * was as follows:
72 yrs. 10 mos da. or min.?	
OCCUPATION (a) Trade, profession or particular kind of work	Careboul Handring &
(b) General nature of industry business, or establishment in	(Durstion) vis mos de.
which employed or (employer)	Contributory Certan Salaria
9 BIRTHPLACE (State or country) A Merryo Cr	Secondary (Duration) yre mos de.
FATHER / Lenners / Can /	(Signed) M. D.
IN 11 BIRTHPLACE	001 19 1969 (Address) 1846 Children
Z (State or country) It Mary O C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
of MOTHER & finisheth Herbert	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) of manys Co med.	Where were disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Pilm	Former or usual residence
(Address) 1445 Claffor Son DC	Strang Cemelin Date of Burial
15 Filed Qc 30 19234 Killian IV San Registrar	20 UNDERTAKER Penn Paplatah
If more bianka are needed, addrasa State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precion rainc, etc. Wom-loborer, Form laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in doniestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Recommendations on statement of cause of death "Atrophy," "Collapse," Never report mere symptoms or terminal condior intercurrent) affection need Chronic ," "Coma," "Convulsions, volvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	56638 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
0:10.6	Registration Dist. No. 100
Village or City near Coder Pour neck.	St.: Ward) (If death occurred l
/ 2FULL NAME augustin Je	yard) a hospital or institution, give its NAME Is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 14, 1988
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sold 23 1920	June 13 1920 to Jun 14, 1923 (
(Month (Day) (Year)	that I last saw h Lalive on 14, 1920
7 AGE [If LESS than	and that death occurred on the date stated above, at
yrs. \(\text{mos.} \text{ds.} \text{or} \text{min.} \)	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Dastro Interitio
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,d
9 BIRTHPLACE (State or country) Charles la Marie (State or country)	Contributory Secondary (Durstion)
10 NAME OF Caugustine Sentens	(Signed) Karnes & noland M. D.
IN BIRTHPLACE OF FATHER (State or country) W	*State the lisease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether
12 MAIDEN NAME Viola Padgett	Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Chao Co. Ind.	At place of deat' yrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Que cus tine gentines	Former or usual residence
(Address) Walcone	Hill Tob Cemel Date of BURIAL
15 Filed June 12 1920 Lillian Deser	20 UN DERTAKER La Plata M
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseer," etc., Spinner, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation person, irrespective of not gainfully em-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by reilway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Committee on Nomenclature Always qualify all of the

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er," etc., William, Laborer-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know f these of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Wever return 'Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of contion is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DILEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia").

stited unless important. Example: Meosles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); lctanus) may be stated under the head of "contributory and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, State cause for which surgical operation was under-". PJERPERAL septicaenna," "PUERFERAL peritonitis, discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonio (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indcfinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by roilway train Recommendations on statement of cause of .. (name origir; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic " "Old Age, etc. valvular heart Nomenclature of the The contributory " Shock, disease; Measles;

answered in detail, it will prevent further correspondence. the dath is essential and must be obtained before the certificate is permanently fied.

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OCT 13

PLACE OF DEATH *	066
County foracles	740
Village or City Brueloum (No.	in the state of th
2 FULL NAME Joseph John	
PERSONAL AND STATISTICAL PARTICULARS	MED
Male Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEA
8 DATE OF BIRTH	17 . I HERI
(Month) (Day) (Yesr)	that I last saw he
8 2 yrs. 0 mos. J ds. or min.?	The CAUSE OF D
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Ellie Johnson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	(Signed) 24 19 *State the Violent Causes, Accidental, Suicital State of Recent At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of if not at place of
(Informant) Hong Johnson (Address) Registrar Filed June 24-1130 Registrar If more blanks are needed, address State Registrar	Former or usual residence

06639 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1.0.

St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

ADDRESS

MEDICAL CERTIFICATE OF DEATH

-	18 DATE OF DEATH 23 , 1930
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	June 20 1933 . to June 23 , 1930 .
	that I last saw here alive on June 27 , 1930
ı	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	Herrockage on brain
	3 .
	(Duration) yrs. mos. 3 ds.
	Contributory Secondary
	Culin Solumn (Duration) / yes mos ds.
	(Signed) Harry G. Chaple M. D.
	Jam 2 4 1920 (Address) Herefricany
-	V *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental. Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	B. 1 - June 24. 1920

6 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. household only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed not gainfully em-

Statement of Cause of Death—Name, first, the DIS. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease; The contributory Always qualify all Measles ; not be

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PLACE OF DEATH	STATE OF MARYLAND
Churchy	19145 CERTIFICATE OF DEATH
County O 1 0	Registration Dist. No. 194
Village or City Rus (18 ml (No.	St.: Ward) (If death occurred in
2 FULL NAME Julius C. Jot	n hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	52- 1927 Q, to (1522 11, 1930
6-6-1867	that I last saw htmalive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH % was as follows:
SOCCUPATION min. ?	See T
(a) Trade, profession or	O- O
(b) General nature of industry	Concerned left arm and will work
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Con acc
name	(Duration)
10 NAME OF ATHER A Clean bolingon	(Signed) M. D. M. D.
11 BIRTHPLACE OF FATHER	(Address) Doth on in deaths from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER Many Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as Cillian & Justson	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address) Mr Randin Ml	Hal Ale +P. A & rough
Filed 7 - 2- 1930 4 L. Registrar	20 UNDERFAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St./ Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retlred from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal seplicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conuse of "Tumor" for malignant neoplasms); ture of the injury, as fracture of skull, and conse-State cause for which surgleal operation was under-"Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemla" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles vulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Scnile," etc.), (R commendations on state-Meastes; (second-(discase

If this certificate ls looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Charles.	
County	05459 CERTIFICATE OF DEATH
0 0-	Registration Dist. No. 100
Village or City To Plata (No.	St: Ward) (If death occurred a hospital or institution and the state of the state o
2FULL NAME William	tion, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH 26, 1936 (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yes	16 192 to May 26 ,1983
7 AGE (IFLESS t	
54 yrs. 2 mos. 12 ds. or m	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	The oranger arthritis
particular kind of work tarung	& Knoe Lant
(b) General nature of industry	n
which employed or (employer)	(Duration) wro mos
9 BIRTHPLACE (State or country) Charles Country	Contributory Secondary
10 NAME OF William Johnson	(Signed) Durstion yrs) mos
of father charles Co.	*State the Disease Causing Death, or, in deaths from
Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Com Liles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
P (100 00)	Former or usus I residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A Wata Mg	Newtour Cemeley May 28. 1.3
15 Filed May 28 19238 Lillian Pose	20 UNDERTAKER PO P
Registrar	

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired & yrs. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business. that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed ,, etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 3 Grocery,

Strtement of Cause of Death—Name, first, the DISEA. SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

e accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonasum, etc., Carcinoma, Sarcona, etc., of and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valualar heart discase Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railray traintaken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory Nomenclature

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V. S. No. 1

PLACE OF DEATH County	02115 STATE OF MARYLAND CERTIFICATE OF DEATH
a	Registration Dist. No.
Village or City 100.	St.: Ward) (if death occurred in a hospital or institution, give its NAME in stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 28, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	The L 1930 to Fib 28 1930 that I last saw has alive on Tibe 28 1980
7 AGE 3 If LESS than I day hrs. or min.?	9 0
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Indución's
Business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Country	Contributory Secondary (Durstion) yrs. mos. ds.
FATHER Walfyn & Clark	(Signed) M.D. 192 (Address) A.J. *State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER HOLL 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Checker (State or C	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant)	usual residence
(Address)	20 UNDERTAKER ADDRESS
Filed 5- 1- 193 Thurst M. Oland Registrar If more branks are needed, address tate Registrar	+ Jun D. Oram Panulsen, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary,, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material without more precise specification as Day very important, so that the relative health-

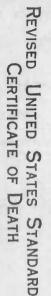
Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart warre," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condiunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. Whooping American Medical Association.) Recommendations on statement of cause of death resulting from childbirth or miscarriage as cough; "Congenital," "Senile," etc.), "Dropsy, Chronic volvular etc. The contributory heart diseose;

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V. S. No. 1

PLACE OF DEATH County Courtes	00897 STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 100
Village or City Lenwer (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH 1930 (Nionth) 28 (Day) /930 Year) 17 1 HEREBY CERTIFY, That I attended the deceased from 192 to ,192 , that I last saw h , alive on ,192 ,,
7 AGE If LESS that I day hred I day h	s. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Pure Bullet penetrated Centro of Forely (Duration) (Duration)
10 NAME OF FATHER Philips Shuser 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME.	(Signed)
OF MOTHER Virginia Charles 13 BIRTHPLACE OF MOTHER (State or Country) Charles Co.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usus! residence
(Address) Ferrices MA	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL LUCALLO GLUCALLO ADDRESS ADDRESS
Filed fow 31 1930 Hunder No Registrar	J.T. Brown Bomonkey M
If more bianks are needed, addre.s State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a yrs, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on duties of the 6 Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

The second

Suf

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved State cause for which surgical operation was under-American Medical Association. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature Chronic valvular heart discose etc. The Always qualify all contributory not be

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in plain terms so that it may be properly classifle trant. See instructions on back of certificate. should be stated EXACT PERMANENT BINDING ACE carefully supplied. TH UNFADING INK--THIS MARGIN RESERVED very important. should be cal CIANS should state statement of OCCUP. Every item of CIANS should

V. S. No. 1

PLACE OF DEATH	0286
County Charles	(3)
Village or City near La Callino.	
2 FULL NAME Infant Johnson	- Still to
PERSONAL AND STATISTICAL PARTICULARS	MED
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAT
6 DATE OF BIRTH	17 I HERE
Mon 5 , 1730 (Month) (Day) (Year)	that I last saw h.
7 AGE If LESS tha I dayhr:	The CAUSE OF DI
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PROBLEM CO MA 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) State the Violent Causes, Accidental, Suici 18 LENGTH OF ienta or Recent At place of death yrs
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	Where was disease if not at place of Former or usual residence
Filed Mar 6 19230 Tellian Poser	20 UNDERTAKER

STATE OF MARYLAND 02862 CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred In a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	mar	5	, 19230

	RTIFY, That I a		
	.192 to		
that I last saw hali	ve on		, 192,
and that death occurred o	n the date state	ed above, at	
The CAUSE OF DEATH *	was as follows:		
July	bour		
		at 4-branca a a a a a a a a a a a a a a a a a a	
000000000000000000000000000000000000000	4		
+ a = 7 + 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration)	Y18	mosds.
Contributory Secondary	,,, ,	g = 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Duration)	. vrs.	mosds.
	Moder	-	
Mar 54 19230 (A	0	Deate	m. D.
11/an 3 19280 (A	ddress)	Macco	
*State the Disease Violent Causes, state Accidental, Suicidal or Ho	Causing Deat (1) Means of omicidal.	h, or, in d Injury and	leaths from (2) Whether
18 LENGTH OF RESIDE		pitals, Instit	utions, Trans-
ienta or Recent Resider	nts) In ti	ha	
At place of deathyrsmos		tateyrs	ds.
Where was disease contracted if not at place of death?	d,	*****************	••••••••••••••••••••••••••••••••••••••
Former or usual residence		••••	*************
19 PLACE OF BURIAL OF			OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman, (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. chopneumonia (secondary) stated unless important use of "Tumor" for malignant neoplasms); American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valutlar heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Example: Measles (disease The contributory Measles;

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V. S. No. 1

5	1PLACE OF DEATH
	County Charles
v	Village or City Mar Ra Plates.
	2FULL NAME John Henry
-	PERSONAL AND STATISTICAL PARTICULARS
3	Male Colored - Single, Married, Widowed, OR DIVORCED Suple (Write the word)
6	DATE OF BIRTH
	(Month) (Day) (Year)
7	AGE If LESS than
	yrs. 3 mos. ds. or min.?
6	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry
100	business, or establishment in which employed or (employer)
9	(State or country) Charles Co md
	10 NAME OF FATHER Clinion Jones
PENTO	of FATHER (State or country) Charo to Ind
PAPE	of Mother Many Taylor
	13 BIRTHPLACE OF MOTHER (State or country) Charles Cs. M.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mary Taylor (Address) La Plata Mg-
-	

14903

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	10th, 19530
17 I HEREBY CERTIFY, That I atte	(Day) (Year)
that I last saw halive on	, 192,
and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, atm,
no physician mo	the fast
Contributory tune of B	licate grom do.
(Signed) Lillian Hoser	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitsients or Recent Residents)	als, Institutions, Trans-
At place In the of deathyrsmosds, State Where was disease contracted, if not at place of death?	dsds.
Former or usual residence	1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE DE BURIAL OR REMOVAL	DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-a-horer, Farm laborer, a tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Cropp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of cough; or intercurrent) affection need not be Chronic ," "Coma," "Convulsions," shopneumonia (secondary), etc. The valvular heart disease; contributory Measles ;

If this certificate is looked over thoroughly and all questions danswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

JAN 7 19

N. B.--Every frem of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state. AUSE CF DEATH In plain terms so that it may be properly classified. statement of OCCUR NON is very important. See instructions on back of certificate. CORD A PERMANEN MARGIN RESERVED FOR BINDING WITH UNFABING INK-THIS AINLY V. S. No. 1

act -

PLACE OF DEATH	04192 STATE OF MARYLAND CERTIFICATE OF DEATH
/ www 10	Registration Dist. No. 100
Village or City Bel Oltry (No	St.: Ward) (If deeth occurred in a hospital or institu- tion, give its NAME II - stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) Gr (Day) 15 (Year) Ld
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, Thet I attended the deceased from Micro 28 1230 to Com 1990, 1890, that I last sew himselive on Com 1990,
7 AGE CACAL If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at 6 a.m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Cerebral Hemmy E
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Attaronals Thy Secondary
10 NAME OF FATHER Commil Himard	(Signed). M. D. (Address) Del Ollar Med
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
OF MOTHER LINGUE RELLY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of dea.h?
(Address) Tol action my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Of Thornas. Cemelary Cfor. 7, 1930
15 Filed Oyn 5- 19230 My Stroyder	20 UNGERTAKER Belellonte
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations in statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory disease;

S. No.

C	PLACE OF DEATH ounty Charles	91-3 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vill	age or City Indian Head, Md. (No. ,,	St; Ward) (If death occurred in a losspital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	white White Single, Widew Widew Widew (Write the word)	June 4 , 1(230 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	Aug. 21 , 1 844 (Month) (Day) , (Year)	Sept. 192 1926 June 4 1920 that I last saw h er alive on June 3 1936
7 AC	If LESS the dayh	The CAUSE OF DEATH & was as follows: .? Infirmities of age
bi w	A) Trade, profession or articular kind of work. b) General nature of industry usiness, or establishment in thich employed or (employer). IRTHPLACE (State or country) Virginia	(Duration) yrs mos de Contributory Secondary
	10 NAME OF FATHER John Brown	(Signed)
RENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
PAI	OF MOTHER Not known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
14 T	OF MOTHER (State or country) Not known HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrsmosda. State,yrsmosde Where was disease contracted, if not at place of death?
	(Informant) Francis & Cary	Former or usual residence.
15 F	"iled 192 Mr & Luninglan	20 UNDERTAKER ADDRESS
	Slymont Registrar	Thur Middert

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Dalto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmic." "Puerperal peritonitis," etc. ean be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weaknes:" etc., when a definite disease vulsions." stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection -need not be Whooping cough; Chronic valvular heart discuse; (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Dehillty" ("Congenital," "Sonile," etc.), (Recommendations on state-"Anaemia" "Comu," (disease (second-(merely "Соп-

V. S. No. 1

PLACE OF DEATH	09146 STATE OF MARYLAND
County, Charles	CERTIFICATE OF DEATH Registration Dist. No. / 0 /
Village or City / 189al (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
FULL NAME JE CIPE TO STATE OF THE STATE OF T	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 single. Male Color or race 5 single. Married. Widowed Married. OR DIVORCED (Write the word)	(Mony) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h sam alive on
7 AGE If LESS than I day hrs. ds. ormin.?	and that death occurred on the date stated above, at # form. The CAUSE OF DEATH * was as follows: Pulmmany Cultralives:
(a) Trade, profession or farm Labour.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)
9 BIRTHPLACE (State or country) Charles Ev. Md.	Contributory Secondary) (Duration) yrsde.
10 NAME OF PATHER Quegustus Wey.	(Signed) Ge. O. Bickwell M. D. Dug 23 1930 (Address) Pregal, and
OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother amelia any Milie.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charles Qr. Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) I'm Gonry Hallune.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Proyall, Ind-	Hill Juk And aug 23, 1,30.
Filed Augst 23 1920 TA Southerland	Homors & Pinn Parlata Ing
If more blanks are needed, addres tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcel term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-"stinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory valvular heart Nomenclature of the " Shock, not be disease;

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. cate. (If death occurred in Village or CityWard) a hospital or institution, give its NAME in-stead of street and number.) stated PERSONAL MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH be may be onid HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Month) that I last saw h Ame alive on ... (Day) (Year) U 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: supplied terms ESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in ATH in importar ADING C which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF 00 3 L 0 11 BIRTHPLAC o Lu OF FATHER the Disease Causing Death, or, in deaths from PARENT S Violent Causes, atate (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state ients or Recent Residents) infori 13 BIRTHPLACE At place of death... In the OF MOTHER ___yrs._____ds.___ds. (State or Country) T Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoul Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Filed Mar 15 If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"telahus) may be stated under the head of "contributory." approved by accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," "Snock," "Old Age," "Shock," stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n:ture of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature

If more bank are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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02864 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME it -stead of street and number.) MEDICAL CERTIFICATE OF DEATH

CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at. The CAUSE OF DEATH * has as follows:

(Duration) (Address) *State the Disease Causing Death, or, deaths frem Violent Causes, state (1) Means of (2) Whether Injury

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the _____yrs._____mos,____ds. State______mos____ Where was disease contracted,

DATE OF BURIAL

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salcsman, (6) Grocery;

Streement of Cause of Death—Name, first, the DIS-EAL CAUSING DEATH (the primary affection with respect to three and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; nephrilis, etc. The contributory

If more blanks are needed, addres tate Registrar, 16 W. Saratoga St., Balko, Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. tired 6 yrs). Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plander, Physician. Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Scrvant, Cook, Honsemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only inot paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton will; (a) Salesman. (b) Grocery;
 sman, (b) Newtomobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEAR COURTS DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," use of "Turnor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, or intercurrent) affection Chronic valvular heart etc. The contributory need not be Measles; disease;

1 PLACE OF DEATH

	PLACE OF DEATH	0364 STATE OF MARYLAND
Cour	ty Charles	CERTIFICATE OF DEATH
	Indian Head	Registration Dist. No. 106
Villa	ge or City(No	St.; Ward) St.; Ward) LAWRENCE St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Married, widowed on Divonced Single (Write the word)	16 DATE OF DEATH January 5 1,030
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	January 14 (Month) (Day) , 186	
7 AG	62 yrs. 11 mos. 21 ds. or min	hrs.
pai (b bus whi	Trade, profession, or ticular kind of work) General nature of industry siness, or establishment in ch employed (or employer) RTHPLACE (State or country) Wirginia	Contributory Secondary
	10 NAME OF FATHER AMELIUS LAWRENCE	(Signed Roger A. Nolan M. a.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia	1-5-30 191 (Address) Indian Head, Md.
PARE	12 MAIDEN NAME OF MOTHER MISS LOUIS	State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES. State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Virginia	OR RECENT RESIDENTS) At place in the of death yes. mas
	Informant) Frances & Jackson	Where was dispese contracted. if not at place of death? Former or usuel residence
	(Address) Indian Head, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Jan 5 130 A E Sunningle	Elma Sardo Dash

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Resugation V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers employed, as At school or precise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, Stationary freman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborcr, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. sough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Publicant peritonitis," etc. State cause for which birth or miscarriage as "Puenrenal septichaemia," cause. Always qualify all diseases resulting from child-"Anuemia" under the hoad of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Uraemia," "Weakness, carbolic acid-probably Never report mere ACCIDENTAL, ("Con-

	PLACE OF DEATH
	County Charles
Vill	lage or City Near Mc Concluie 2FULL NAME Still form Lee
	PERSONAL AND STATISTICAL PARTICULARS
35	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 0	DATE OF BIRTH
	(Month) (Day) (Year)
7 A	GE (IfLESS than
	I day hrs. or min.?
() p () b	occupation a) Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in which employed or (employer)
	(State or country) Charles Co Md
	10 NAME OF James Ru
STN	OF FATHER (State or country) Chas. Co md
of MOTHER Jeresa Jano	
-	OF MOTHER (State or country) Chas to md
- 17	

15482

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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death a hospital tion, give i stead of number.)	or insti	tu
L CERTIF	ICATE O	F DEATH		

DATE OF DEATH	rec	3/	19280
·	Month)	(Day)	(Year)
17 I HEREBY CERTIFY,	That I att	ended the de	ceased from
192	. to	•••••••••••	, 192,
that I last saw halive on.		##• • • • • • • • • • • • • • • • • • •	, 192,
and that death occurred on the		above, at	m,
The CAUSE OF DEATH * was as			
Stell box	<u>~~</u>	**************************************	
(D ₁		yra m	on de
Contributory Secondary	5	mon	1.7.12 m. 0.0.0000000000000000000000000000000
(Signed) Lucy Y State the Disease Cau Violent Causes, state (1) M	ing Doath	Platfi	M. D. ths from
Accidental, Suicidal or Homicida	l.	ijury and (a)	W Hechel
18 LENGTH OF RESIDENCE (ients or Recent Residents)	(For Hospi	tais, Instituti	ions, Trans-
At place of deathyrsmosds.	In the	teyrs	.mosds,
Where was disease contracted, if not at place of death?			
Former or usual residence		•••••••	
19 PLACE OF BURIAL OR REMO	DVAL	O DATE OF	BURIAL
at Home		Jan 2	. 19
20 UNDERTAKER		ADDRESS	A
V 100 0 100		1/100 00	Chra.h.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, cupation is very important, so that the relative healthborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile foctory. The material Grocery,

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory" accident; Revolver round of head-homicide; Poisoned by carbolic acid-probably swidee. The nature of the injury. American Medical Association.) or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway troin and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important State cause for which surgical operation was undercausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sorcoma, etc., of .. (name origin; "Cancer" is loss defizite; avoid Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. The contributory Measles;

V. S. No. 1

PLACE OF PEATH	02865 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. / 0 /
(D')	
Village or City 1200 (No.	St.: Ward) a hospital or institu-
1 8 minking my	tion, give its NAME it - steed of street and
2FULL NAME QUICITIE &FCC	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SED 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Tensel Black WIDOWED. VIscured	MCW , 21, 1920
(Write the word)	(Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
18/6	71 71
(Month) (Day) (Year)	that I last sew he valive on the the that I last sew he valive on the the that I last sew he valive on the theta sew he valive on the theta sew he valive on the the that I last sew he valive on the the that I last sew he valive on the the that I last sew he valive on the the the that I last sew he valive on the
7 AGE [If LESS than	and that death occurred on the date stated above, at /
5 Byrs. mos. de. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	francisco de la constante de l
(a) Trade, profession or Jauseuple	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration), mosds.
	Contributory
9 BIRTHPLACE (State or country) Office to the Miles	Secondary
1 10 NAME OF	(Duration) y mos ds.
FATHER MMurine	(Signed) M. D.
IN II BIRTHPLACE	MULL VA903 (Address) Y Se gast MA
Z (State or country) (MUL) & MI	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Down Male	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER OLAND ON MAN	At place In the
(State or country) Marke St. 700	of deathmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) , P. Marbury,	Former or usual residence
Was the As	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) If as Muguen to	(12gal And - 1/110/123 1930
Filed march 23 1920 to Southerland	20 UNDERTAKER ADDRESS
Thea Registrar	John Brown, Vomorbey, Ma
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH	01563 STATE OF MARYLAND
County Clarke	CERTIFICATE OF DEATH
(m'	Registration Dist. No. / (1 /
Village or City AS GAL (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUAL WIDOWED, MANUAL OR DIVORCED (Write the word)	16 DATE OF DEATH Fel, 4, 1930. (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on 1920,
7 AGE If LESS than I day hrs. or min.?	
a OCCUPATION (a) Trade, profession or falorer particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs ds.
9 BIRTHPLACE (State or country) Charles Co. Md.	Contributory Secondary (Direction) / s mos de.
10 NAME OF FATHER , Markey,	(Signed) (Address) Prz gal M. J. (Address) Prz gal M. J.
OF FATHER (State or country) Charles el Md,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER JONE SCALL.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Clarks Co. Puls	At place of death yrs. de. In the State yrs mos. de.
(Informant) IN CO MANWEY!	if not at place of death?
(Address) Hastmatriff.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL FILE OF 1930
Filed 724 6 1920 Ta Satther lone de Treas Registrar	Jos Remy Dasm Spas. Ma
if more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., laborer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. hopneumoni. (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart discase;

County Ufulis	CERTIFICATE OF DEATH
Village or City Pourslay (No	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funde CUL: 5 SINGLE, MARRIED. MIDOWED. CUL OR DIVORCED (Write the word)	16 DATE OF DEATH 2-/3, 1930
6 DATE OF BIRTH 10 - 5 , 1875	17 I HEREBY CERTIFY, That I attended the deceased from 192 4 to 2 - 1 8 , 198 7
7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in which employed or (employer)	extracts Variables questo - securel questo durables pro mos de
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yts
10 NAME OF Hochace Keys	(Signed) M. D. 1980 (Address) Paragray, N. D.
STATE (State or country) Marylow Mary	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CLIQUE LOCAL 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Muy low	At place of death
(Informant) Les W Llouis	if not at place of death? Former or usual residence
(Address) Pells bury-Pa	Pomorky med 2/16, 137
Filed 2 - 1/2 1930 Hough Mr. Deline	John Brown Brunkey Munchkey Mu
If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OIEC1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. thred 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEACE CYUNING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

X	Exact	1 PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
SCORD	operly classified certificate.	Village or City Bryan Row S 2FULL NAME Matted	St.: Ward) St.: Ward) Ward)
Z	state prope of cer	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
NDING	ay be back o	MARRIED, WIDOWED Widows OR DIVORCED (Write the word)	(Month) (Day) (Year)
BINA	s o s	(Month) (Day), 18-52	that I last saw is compared on May 36, 1936,
ED F HIS IS	plied. ACE rms so that instruction	yrs. Wmos. ds. lf LESS than I day hrs. or min.?	
SERVE NKT	ly supparain ter	8 OCCUPATION (a) Trade, profession or particular kind of work	Brifain + lembal
RES NG 11	arefull H In pla ortant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. a mos 3 Dds.
RGIN	DEATH y Impo	B BIRTHPLACE (Ntate or country) Charles Co	Contributory Secondary Duation yrs mosds.
MA H U	CF is ver	FATHER AND ANDER	(Signed) M. D. 192 (Address) Old of
TI	tion s USE	OF FATHER (State or country) (State or country) (12 MAIDEN NAME	*State the I is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINLY	state CCU2	OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State, yrs
	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	item s sh nent	(Informant) Q1 Yhra Lynn	Former or usual residence
5	Every CIANS staten	(Address) Muldady	Mot Comoling . June 1 . 1030
N No.		Filed June 1980 Hugh la Registra	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
P	_	ir more planks are needed, address tate Kegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in deme tic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the household only not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Collon mill; nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House Civil ugincer, Stationary fireman, etc. But in many Physician. Compositor. nner, (b) Colton mill; (a) Sulesman, (b) Grocery;
Foreman, (b) Automobile fectory. The material or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-1118 Farm laborer, without more precise specification as Day For persons a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Architect, Locomolive engineer, who have no occupation single word or term on (b)

Streement of Cause of Death—Name, first, the Distant Course of Cause of Death—Name, first, the Distant Cause of Death—Name, first, the Distant Cause of Cause of Cause of the primary affection with respect to time and cause tion, using always the same accepted term for the same disease. Examples: Cerebrospinal fewer the only definite synenym is "Epidemic cerebrospinal meningiti"; Liabiliaria avoid use of "Croup"); Typhoid fewer inever report "Typhoid Pneumonia"); Lobar pneumonia, Branchapmeumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anacmia" (merely symptom-(secondary or intercurrent) Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature " "Convulsions, disease;

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1 PLACE OF DEATH County Charles	O2866 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Think Eleving H, Mo.	Registration Dist. No. St.; Ward) St.; Ward) wshall wshall instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 /1, 16 220 (Month) (Day) (Year) 17 I MEREBY CERTIFY, That I attended the deceased from
(Month) = (Day) (Year)	that I last saw h m. alive on fan 30, 1920
7 AGE L Y 2-	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or Farmer particular kind of work	YE
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Our de sel (Duration) yrs. Z mos. de
FATHER Melvin Marshael 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homieldal.
OF MOTHER Hamb Galburh 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted.
(Informant) Malle Marshall	if not at place of death? Former or usual residence.
(Address) Lobile Plain. Filed Mah 1/ 1930 ML L. Monros Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LICA 13, 1932 20 UNDERTAKER ADDRESS HULLY PRYM MacLOS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient. e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursnits can be known. The quesgaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia,"

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthonia," "Anaemia" (merely ary). W ds. Never report mere symptoms or terminal causing death), 29 ds.: Bronchopneumonia stated unless important. Example: Measles (discase inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver round of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent beatis state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Agc." "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Meastes; Nomenclature of the American Medical Association.) "Debility" ("Congonital," "Senile," etc.), Always qualify all (second-

RESERVED

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health or given up on account of the disease causing drath, to report specifically the occupations of persons enwork, definite salary), may be entered as Housewife, Househousehold only (not pald Housekeepers who receive a laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive chaincer. tion applies to each and every person, irrespective of fulness of various pursults can be known. The queswhatever, write None. thred 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a shigle word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Coal minc, etc. The material Wom-

Ease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

: Chionic interstitial nephritis, etc. The contributory conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, monment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely "Purperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia Whooping cough; Chronic valvulur heart disease; inges, peritonacum, etc., Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver would of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, suicidal, or homicidal, or State eause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be FOR VIOLENT DIATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles Always qualify all failure." "Haemorterminal (disease (mercly (second-

PLACE OF DEATH	07938 STATE OF MARYLAND		
County Charles	CERTIFICATE OF DEATH		
D Ma	Registration Dist. No. / 570		
Village or City naar follada, No.	St.: Ward) (If death occurred In a hospital or institu-		
2FULL NAME Edward Mal	there steed of street ar		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Mau Color OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2/2, 192 30 (Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
(Month) (Day) (Year)	that I last saw halive on, 192,		
7 AGE If LESS than	and that death occurred on the date stated above, atm,		
yrs. / O mos. ds. of min.?	The CAUSE OF DEATH * was as follows:		
a occupation (a) Trade, profession or	unknown as mo Physician		
particular kind of work	ivas in allendance:		
(b) General nature of industry business, or establishment in	Child was never well since birth Had sores over		
which employed or (employer)	Contributory body. Cw&OR.		
(State or country) Charles Ce ma	(Duration)ds.		
10 NAME OF James Larsen.	(Signed) Leg M. D.		
OF FATHER Z (State or country) Charles Co md.	*State the lisease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether		
12 MAIDEN NAME Marie Matiheus	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T		
13 BIRTHPLACE OF MOTHER (State or country) Charles & Mot	ients / Recent Residents) At place of dea' yrs		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?		
(Informant) marie matthews	Former or usual residence		
(Address) Les Plater md.	of Home Man hald suly 22, 1930		
Filed July 22 193 of Illian Mosey-	Yus matthers La Plate M		
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,");

"Uraemia," "Weakness," etc., whon a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre chopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic etc. valvular heart disease; The contributory

X		1 PLACE OF DEATH		14903	STATE OF M				
	PH.		County Charles	(100-20)	CERTIFICAT				
DRD ACTLY lassifie		Vil	lage or City Indian Heal (No.		Registrati				
	d EX		2 FULL NAME Being healthour						
	e state e prope of cert		PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICAT	E O			
	uld b	3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF PEATI	(Month)				
	8 ± 8 = 0	6 1)	ATE OF BIRTH	Dec 15 1986, to 26					
Z	AC that flow		(Month) (Day) (Year)	that I last saw h	Malive on L.C.	£.L			
S Sour	7 AC	()	and that death occurred on the date stated. The CAUSE OF DEATH % was as follows:						
NED F	y sup In ter	E (8	CCUPATION a) Trade, profession or articular kind of work. A) Trade, profession or A farms Calman	Barre	elw-pn	ei			
SER	carefuli l in pla portant	(t	b) General nature of industry usiness, or establishment in which employed or (employer)		(Duration)				
アトア	9 BIRTHPLACE (State or country)			Contributory Secondary					
NI HT			10 NAME OF FATHER Achael Traile	(Signed) 1.2	Mul che				
DAUSE OAUSE THENT		F	11 BIRTHPLACE OF FATHER (State or country) Charles (6)	*State the Dis	(Address). Address Causing Dear	th,			
		2 12 MAIDEN M	OF MOTHER Macy Thomas	Accidental, Suicida	I or Homicidal.				
Y.	d st			lents, or Recent Res At place of death yrs mo	s da, In t	the			
m o shoul		14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contractif not at place of death?	ted,	-4 00 0 0 0000000			
N V	S sho		(Informant) John matthews	Former or usual residence					
	Every CIANS stateme	15	(Address) Indian Had mil.	Pontret	L OR REMOVAL	1 20			
/	-		iled Lea 23 1980 F.E. Dum unis	20 UNDERTAKER		A			

Registrar

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ARYLAND OF DEATH

Dist. No. 106

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) F DEATH (Day) nded the deceased from C 22 , 1080. 22 180, above, at 8 - P. m. Morcia .yrs...... de, or, in deaths from y; and (2) whether Is, Institutions, Trung-....yrs......mos......de. ATE OF BURIAL Dec 24, 19.30 DDRESS

VISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Consus and American Public Health Association.)

en at home, who are ongaged in the duties of the cupation is very important, so that the relative health-Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Caal mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day If the occupation has been changed

EASE CAUSING DEATH (the primary affection with respect Lobar pucumonia, Bronchopneumonia ("Pneumonia, Typhoid force (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same acceptfever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the bis

> ary), 10 ds. Never report mere symptoms or terminal inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as rhage." "Inunitioa" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such a "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms); Measles; unqualified. is indefinite); Tuberculosis of lungs, menment, of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse-Poisoned by carbol's acid- probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning: as probably such. If impossible to determine definitely, and qualify as accidental, suicidal, of Homicidal, or taken. For violent of artis state means of injury State cause for which surgical operation was under-"Puerperal septicaem'a." Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemla," "Weakhus " etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." causing deeth), 29 ds.: Bronchopneumonia stated unless important. Example: Meastes (disease (secondary or bar represent) affection need Chronic interstition nephritis, etc. The contributory Whooping cough . Nomehelature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart (Recommendations on state-Struck by railway "Coma," "Con-The na (merely (seconddiscuse;

the pertincate is permanently filed tions shiswered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all questhe data is essential and must be obtained before

STATE OF MARYLAND

CERTIFICATE OF DEATH

Closkey Ward)	a hospital or institu- tion, give its NAME is stead of street and number.)				
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH February	18 , 1930				
(Month)	(Day) (Year)				
nov. 27 1930. to 70	2.18 , 1930				
that I last saw h Lua alive on Jan	29, 1930,				
and that death occurred on the date stated above, at 10130 fram. The CAUSE OF DEATH * was as follows:					
Pulmonary Ju	beroulosis.				
(Duration) yrs mos ds.					
Contributory Secondary					
(Signed) James (Durstion) (Signed) James J	olay M. D.				
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	er, in deaths from ury and (2) Whether				
18 LENGTH OF RESIDENCE (For Hospite ients or Recent Residents)	ls, Institutions, Trans-				
At place In the of death yrs des. State	yrsds.				
Where was disease contracted, if not at place of death?					
Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL				
20 UNDERTAKER	Maldal				
Hunt 8 legon	vacary_				

50

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, whe are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (4) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman. (b) Grocery;

Strtement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmenmonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Sexile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. Foll VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valeular heart disease etc. The contributory " elc.

Approved by U. S. Census and American Public Health

or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed usife, Housework, or At Home, and children, not ganfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm talurer, Laborer of the second statement Never return "Laborer," business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Serrunt, Cook taken to report specifically employed, as At school or At home. Care should be "Foreman," "Manager." "Desker. mobile factory. only when needed. As examples engineer, Stationary freman, etc. But in many cases, cion, Compositor, Architect, business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on Statement of Occupation-Procise statement of occupa--Coal mine, etc. (a) Salesman, (b) browers, (a) Fareman. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are cogaged in the occupations of persons Locomotive engineer, (a) Spinner, (b) Cotton 010 If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobor pneumonia Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.). Drops, "Maras-"
"Heart failure," "Heremorrhage," "Inanition." "Marasmus," "Old Age," "Shock," "Ursenila," "Weakness."
mus," "Old Age," "Shock," "Ursenila," "Weakness." on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-hamicide; Paisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning BUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken For VIOLENT DEATHS "PUERPERAL perilonilis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy, "Anaemia" ("Canvulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia." Example: Meosles (disease causing death), 29 ds; Bron-Struck by railway train-accident. Revolver wound of chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic volvular heart disease; ('hronic enterstitial "Tumor" for malignant neoplasms); Measles: Whooping Nonenclature of the American Medical Association.) or miscarriage as "PUERPERAL septichumio." Always qualify all diseases resulting from child-Never report mere ACCIDENTAL, important.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemand, etc. If the occupation has been changed or given up on account of the DISPASE CAUSING DEATH, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, nature of the husiness or industry, and therefore an sary to know a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, engineer, Stationary fireman, etc. For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (6) For persons who have no occupation Automobile factory. The material person, irrespective of Locomotive engineer, But in many Grocery,

Statement of Cause of Death—Name, first, the DISEASE ("NUSING DEATH (the primitry affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Weakness," etc., when a definite disease or intercurrent) Chronic affection etc. The contributory valvular heart disease; Nomenclature need not be

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should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mina, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Avery; (a) Foremun, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. gaged in domestic service for wages, as Scrumt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary Irreman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, For many occupations a single word or term on yrs). For persons Architect, who have no occupation Lacomotive engineer,

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Tuphoid fever (never report "Typhoid Pneumonia"); Lubar pneumonia, Bronchopneumonia ("Pneumonia,"

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> "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions," tions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely. taken. For violent Deaths state means of injury diseases resulting from childbirth or miscarriage as Whooping use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. valvulur heart Always qualify all The contributory disease,

answered in detail, it will present further correspondence. A I the data it essential and must be obtained before the certificate is permanently fig. 1



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stited unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular Nomenclature Always qualify all The contributory heart disease; not be

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W. E. -- Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PH. CIANS should state P. USE OF DEATH in plain terms so that it may be properly classified. BINDING MARGIN RESERVED FOR

V. S.

1	PLACE OF DEATH County Charles	07939 STATE OF MARYLAND CERTIFICATE OF DEATH
	W:	Registration Dist. No. / 6
·e.	Village or City CluCamune No.	Str. Ward) (If death occurred in a hospital or institu-
ifica	2FULL NAME Offed Mi	telead.
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male Polack Single, MARRIED, WIDOWED GR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ons on b	6 DATE OF BIRTH Stell 10, 1930 (Month) (Day) (Year)	that () ast saw be welive on And Bo, 1980,
struction	7 AGE O yrs. 4 mos. 22 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
See in	a occupation (a) Trade, profession or particular kind of work	Bruch frumma
rtant.	(b) General nature of induatry business, or establishment in which employed or (employer)	(Durstion)yrsmosde.
lmpo	9 BIRTHPLACE (State or country) Olarle Cer Mid,	Secondary Duration) yes, mos. ds,
very	10 NAME OF SAMO Mitslead.	(Signed) (Sur C) Sickfull M. D.
N	OF FATHER (State or country) 12 MAIDEN NAME (State of Country)	*tyste the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	OF MOTHER MANE CHARLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients of Recent Residents)
OCCO	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs descentiseted.
tot	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
neu	(Informant) Duny & Mislad,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
statement	(Address) McConjuger Sta	Chicamphen Add, July B. 1.30.
00	Filed July 3 1930 Ta Southerland	as lemy bollom Head Ind
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer borer, Farm laborer, Laborer—Coal mine, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on W8). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) The ques-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Curling.	04193 STATE OF MARYLAND CERTIFICATE OF DEATH
(OI:	Registration Dist. No. / D /
Village or City Cucamujen No. 1 2FULL NAME Ettel (1)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule White Single, Married, Milowed, Wilowed, OR DIVORCED (Write the word)	16 DATE OF DEATH OBY, 15, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH Sek, 14, 1888 (Nonth) (Day) (Year)	that I last saw h salive on 1 strong at the deceased from
7 AGE HILESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Osttina, Cardisc Diese
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Co., Md,	Contributory Secondary Duration yrs
10 NAME OF Colored Mueles 11 BIRTHPLACE 10 11 BIRTHPLACE	(Signed) Seg. C. Dicknill M.D. O. O. 1930 (Address) Pasyah M.D.
State or country have by Md	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hattie Wilstead	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Charles Ce. Md,	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
(Informant) (C) (Informant)	if not at place of death? Former or usual residence
(Address) Chic amufen, Ind	elecernance Ind april 1, 1980
15 Filed afril 17 1930 Ta Touther fund	Hunt & Ryon, Waldorf, Ma
If more blanks are needed, addre.s State Registrate	r, 16 W. Saratoga St., Baro., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Committee on Nomenclature of the etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE/OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Village or Ward) a hospital or institu-tion, give its NAME in-stead of street and certificate number.) proper stated PERSONAL AND STANSTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOWED. back OR DIVORCED may hould (Month) (Day) HEREBY CERTIFY. That I attended the deceased on 6 DATE OF BIRTH structions that (Year) (Month) (Day) IfLESS than 7 AGE and that death occurred on the date stated above, at 80 day hrs. The CAUSE OF DEATH * was as follows: min.? or DCCUPATION (a) Trade, profession or marticular kind of work (b) General nature of industry business, or establishment in (Duration) UNFADING which employed or (employer) Contributory Impo 9 BIRTHPLACE Secondary (State or country) be EA OB 10 NAME OF (Signed). houl FATHER LL. (Address) (0) 11 BIRTHPLACE Eal OF FATHER the I is ase Causing Death, or, In deaths from RENT OZ Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State. (State or country) Where was disease contracted, if not at place of dea.h? shoul of statement usual residence ... (Informant) PLACE OF BURIAL OR REMOVAL 22 EVEL If more banks are needed, address tate Kegherar, 16 W. Saratoga St., Balto, Lequesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on that fact may be indicated thus; Former (re-Stationary fireman, etc. But in many For persons who have no occupation As examples: (a)

Statement of Cause of Death—Name, first, the DISEA. SALEMAGE (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature diseases resalting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL parilonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvulor heart disease; etc. The contributory Measles;

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the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Housenmid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a yrs). without more precise specification as Day For persons who have no occupation Salesman, single word or term on 6 Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The Nomenclature contributory

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V. S. No. 1

PLACE OF DEATH County Clarke	0366 STATE OF M	
yo 1	Registration D	ist. No.[0]
Village or City / 18 yale (No.	St.:Ward)	(If death occurred in a hospital or institu-
2FULL NAME German Mi	wrol,	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Male Black Single, MARRIED, In gli OR DIVORCED OR DIVO	16 DATE OF DEATH	9 19 3 5 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte	
Jan 9, 1930		
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw halive on	
In Less than I-day his:	and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	ibove, atm,
		£
8 OCCUPATION (a) Trade, profession or	Frinalurely (THR/
particular kind of work	0	
business, or establishment in	(Duration)	_yısds.
which employed or (employer)	Contributory	
(State or country) Charles Co. Md	Secondary (Duration)	ds.
10 NAME OF SATHER ON THE MENT OF	(Signed) Der (O. Be'ch	mell M.D.
o) 11 BIRTHPLACE	Lorsa 17 1930 (Address)	
(State or country) (Mas Co, Md	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	r, in deaths from ry and (2) Whether
of MOTHER Sa Cusing Bootons	18 LENGTH OF RESIDENCE (For Hospita	
13 BIRTHPLACE OF MOTHER (State or country) Manhu, G. Mad	ients or Recent Residents) At place In the of deathyrs	yrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
a (e). Monrie.	Former or usual residence	
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	Projek	Jan 11, 1930
Filed Jan 11 1920 The Southerland	a. murre	Proved Mis
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more provided mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

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	PLACE OF DEATH	STATE OF MARYLAND
	County Clearles	10918 CERTIFICATE OF DEATH
	(1)	Registration Dist. No. / 0 /
Vi	llage or City Jugali (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in
	2FULL NAME MOUZ	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 1	Male Black Single, MARRIED HILLSON, WIDOWED WILLSON, OR DIVORCED (Write the word) I St. June.	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Som: 9, 1930	, 192, 192, 192
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 /	If LESS than	and that death occurred on the date stated above, atm,
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
9 0	DCCUPATION	THI I Value
Mr. (a) Trade, profession or control of the control of t	Culton
3	b) General nature of industry	***************************************
	ousiness, or establishment in which employed or (employer)	(Duration)ytsmosds.
-	SIRTHPLACE (State or country)	Contributory Secondary
	1 10 NAME OF	(Derstion) Ms. mos. ds.
	FATHER CITTURES CO, Mourae	(Signed) Veo. O. McKnull M. D.
S	11 BIRTHPLACE OF FATHER	192 (Address)
RENTS	(State or country) All augustand	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Daisy M. Biston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents) At place In the
	(State or country) Mand and	of deathyrsds. Stateyrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) O, Mourve	Former or usual residence
	(Address) Pis gach, Ind-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR CARL MADE OF BURIAL OR 1980

ADDRESS

waga

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/,

Registrar

20 UN DERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Civil engineer, Physician, tion applies to cach and every person, irrespective of Foreman, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic chopneumonia (secondary), The nature of the injury, etc. affection need valvular Nomenclature of the The contributory heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

PLACE OF DEATH.	(19149 STATE OF MARYLAND
County Charter	CERTIFICATE OF DEATH
h- i / 0	Registration Dist. No. / 05
Village or City/ / all/ (No.	Sta: Ward) (If death occurred in a hospital or institu-
2FULL NAME (all Der	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
Fred 22 1930	198 (20 La Arce 8, 192)
(Mghth) (Day) (Year)	that I last saw h salive on July 192
7 AGE	and that death occurred on the date stated above, at An sept m.
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as collows:
BOCCUPATION	+
(a) Trade, profession or particular kind of work	I that the same of
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsrnosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Charles	(Duration)
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	192 (Address) Address
OF FATHER (State or country)	*State the Lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAN & Wilht!	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) / h or to lu	Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(1-(Former or ususi res.dence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Okland Cemetry any 9, 100
15 Filed Quy 9 1930 M. R. March	Durt Ryon Hally Sul
If more b.anks are needed, addre_s tate Kegistrar	, 16 W. Saratoga St., Bulter, Lequesting V. S. ho. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (roor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as Al school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer. Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the single word or term on (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJULY by or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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Exact N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PICIANS should state USE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPA ON is very important. See instructions on back of certificate. CORD PERMANENT BINDING MARGIN RESERVED FOR ITH UNFADING INK--THIS AINLY

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Chaeles	CERTIFICATE OF DEATH Registration Dist. No. 108
Village or City Properties (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1926. that I last saw bear alive on June 20, 1920.,
7 AGE If LESS than I day hrs. 6 mos. 19 ds. or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Constion) yrs / mos C ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) bh. les mag	(Signed) Long C. Chappel M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Many Jane Robey 13 BIRTHPLACE OF MOTHER (State or country) Ches Les My	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds.
(Informant) A Degle MA (Address) Meghesuffe MA	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A 2 , 19 2 d.
15 Filed 7/22 1930 Eva Chapefelear	Dent & Decole Heybner me
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salcsman, (b) Grocery; without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coul mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynal fever (the only definite synonym is "Epidemic cerebrosy inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless importan+ inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, taken. causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronic Example: Measles chopneumonia (secondary), etc. The affection need valvular heart disease; contributory not be (disease

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A	/

should be stated it may be properly s on back of certif should be carefully supplied. The E of DEATH in plain terms so that is very important. See instructions PLACE OF DEATH

12362

STATE OF MARYLAND CERTIFICATE OF DEATH

20	Registration Dist. No. 10.7
Village or City / Coldoff (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John William	tion, give Its NAME is -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCK 30, 1970
6 DATE OF BIRTH	that I last saw h revalive on very 29, 1930,
7 AGE 7 Syrs. Smos. 2 Sds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) for year most de.
9 BIRTHPLACE (State or country)	Contributory Helles Bleg & Jacobs Maration) yrg. mos J. da.
10 NAME OF A Mourques	(Signed) M. D. Oct 301930 (Address) Me San Cure)
C (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabell Hassach	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) That the (Address) Weldon Wes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Oct 3/ 1930 Callst Bomling	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia") Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Committee on Nomenclature of the affection need etc. The contributory Always qualify all not be

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V. S. No. 1

Vi	PLACE OF DEATH County Charles illage or City White Places 2FULL NAME annie Louise M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH March 20, 1930. (Month) (Day) (Year)
6	Jau 22 , 1960 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dec 19 1929. to 20, 1930, that I last saw h Charlive on 20, 1930,
7	70 yrs. 2 mos. 28 de. or min.?	and that death occurred on the date stated above, at 2:200 m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Hydro-rephrois.
	which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory Cystilis - 40 mos ds. Contributory Cystilis - 40 meghoris (Duration) yrs. mos ds.
S	10 NAME OF FATHER George Franklin 11 BIRTHPLACE	(Signed) Auces Enotay M. D. May 20 1320 (Address) La Plata med
RENTS	OF FATHER (State or country) Churles to - Judy,	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Regent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Charles Co. Nich	At place of deathyrsnosds. In theyrsmosds. Where was disease contracted,
14	(Informant) Serge 13 Mudd -	Former or usual residence
_	(Address) White Plains mg	mt Olivet Comeling man 22, 1,30
15	Filed M. M. 19230 Millan Registra	ames J. Ryan Mash. Me.
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired 6 yrs. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Housecn at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, culness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Str tement of Cause of Death—Name, first, the DISEA. I (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resalting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Fuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitical nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railreay train-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; etc. The Nomenclature contributory

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n	2.2.1.0
PLACE OF DEATH	06643 STATE OF MARYLAND
County Charles	© CERTIFICATE OF DEATH
dounty	125
Menny The and I -	Registration Dist. No. 100
Village or City (No. (No.	St: Ward) [If death occurred in *
78.	a hospital or institution, give its NAME instead
² FULL NAME Dannel a	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED	16 DATE OF DEATH
Male white WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 / I WEREBY CERTIFY, That I attended deceased from
BATE OF BIRTH	Tet 7, 19131, to June 2/ 1930
(Month) (Day) (Year)	that I last saw he wallive on June 7/ 1938
7 AGE II LESS than	and that death occurred on the date stated above, at 0:30 m.
66 H 21 1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrs mos ds. ORmin. ?	. Was as tollows:
(a) Trade, profession, or	
particular kind of work	Jukroulesis of Gener
(b) General nature of Industry Dusiness, or establishment in	
Which employed (or employer)	(Buration) / yrs. mos. 66.
BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Burstian) yrs mes
FATHER SQUARED TO MUSE	(Signed) J. J. Shourd &
11 BIRTHPLACE	June 77 1931 (Address) Walder nul
S 11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the DIBEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental.
C 12 MAIDEN NAME OF MOTHER OF	SUICIPAL OF HOMICIOAL.
a Trances lyer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER MA J	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all place of death?
(informant) Thurces Dummers	Former or would residence
Maderian 12 and many min	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Walker III	It leter Company June 73.31
Fled July 1 1912 Mil. Moury /3	20 UNDERTAKER ADDRESS
REGISTRAR	Hunt + Cyon moderal
16 more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification us Day laborer, Furm laborer, Laborer of the second statement Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement, it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery: (a) Foreman, For persons who have no occupation whatever Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train—accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL periloniks," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), chopneumonia (secondary), 10 ds. Never report mere "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," eough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measks; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of aemia" (merely symptomatic), "Atrophy,"
"Coma," "Convulsions," "Debility" or miscarriage as Always qualify all diseases resulting from child-The contributory (secondary or intercurg., sepsis, tetanus) may be stated "PUERPERAL septichaemia," by carbolic acid-probably "Dropsy," "Exhaustion," "Atrophy," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		PLACE OF DEATH	OATOS STATE OF MARYLAND
		County Curles	CERTIFICATE OF DEATH
	/	0 40	Registration Dist. No. 102
	Vil	lage or City hise Hodeino.	St.: Ward) (If death occurred in
ifficate.		2FULL NAME William M. V	Murkly . ward a hospital or institu- tion, give its NAME in- stead of street and number.)
certi		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	35	Male A color of RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Month) (Day) (Year)
ne on b	6 E	Feb. 17, 1876	I HEREBY CERTIFY, That I attended the deceased from
tio	7 A	(Month) (Day) (Year)	that I last saw handlive on
ň	′ ′	I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
net		O Tyra. 2 mos. / ds. or min.?	Pulmmany Jules culosis.
See	a (8	a) Trade, profession or Merchant	
설립		b) General nature of industry usiness, or establishment in	
ra		rhich employed or (employer)	(Duration) yrs, mos ds,
lmpo	Ž.	(State or country) Charles, Cv. Md.	Contributory Secondary Duration yrs nos ds.
very		10 NAME OF W. N. Mushluk	(Signed) Co. C. Bickwell, M. D.
00	S	11 BIRTHPLACE	apr 2 91930 (Address) I ragale, and.
N O	ENT	OF FATHER (State or country) Clarify 12 MAIDEN NAME	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	PAR	OF MOTHER Caraline, Troud.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
SC		13 BIRTHPLACE OF MOTHER AL ON	ients or Recent Residents) At place of death
0	_!	(State or country) A / Manue W. Fug.	Where was disease contracted.
0	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
en		(Informant) elec. Murkly,	usual residence
statement		(Address Posc Roads Mg	Date of Burial or REMOVAL DATE OF BURIAL OF 30, 1930.
ଜ	15	Filed @ Prop 9 19230 Colo V Thompson	Strent & Ryn Walderf Md
	=	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Baito., Poquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more parents of the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return" Laborer,"" Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Example: Measles (disease "Senile," etc.), "Dropsy, chopneumonia (secondary), etc. The contributory affection need valvular heart Always qualify all not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

V. S. No. 1

DRD

PLACE OF DEATH County Acres	06644 STATE OF MARYLAND CERTIFICATE OF DEATH
County (Martes	Registration Dist. No. 100
Village or City Bellellen (No	St: Ward) (If death occurred in a hospital or institution, give its NAME it
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Clored Single. Male Clored Wildows. Wildows. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on James 7, 1920,
7 AGE 2 0 yrs. 4 mos. 25 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 12 1900 The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chile the Stumo
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 2 thos ds.
9 BIRTHPLACE (State or country) Phances Co Ind	Contributory Secondary Surface (Duration) yrs mos ds.
10 NAME OF GEORGE Trumy	(Sig) ed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O 12 MAIDEN NAME O 13 MAIDEN NAME O 14 MAIDEN NAME O 15 MAIDEN NAME O 16 MAIDEN NAME O 17 MAIDEN NAME O 18 M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emily Shoot	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Officer les Co Ind	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Smily Jumy	if not at place of death? Former or usual residence
(Address) / Belafton hed	St Thomas Camelay July 10, 1930
15 Filed Jane 9 19230 MSHarden	20 UNDERTAKER / Belallortu
If more hanks are needed, addre, a Ltate Registrar	. 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z

	PLACE OF DEATH	STATE OF MARYLAND
	County harles	10321 CERTIFICATE OF DEATH
· ·	D. CDn	Registration Dist. No. 105
	Village or City Tull Mille (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME REASON C	et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Orale Clark Single MARRIED, Marrie OR DIVORCED (Write the word)	A Sept (Day) 9, 190
	6 DATE OF BIRTH PLAN 17 19	Sufet 14.1910 to standed deceased from
	(Month) (Day) 1Ye	that last saw h le alive on De 1 4 , 191
	7 AGE If LESS 1 day,	his
-	yrs. 10 mos. 2 ds. OR mi	The CAUSE OF DEATH & was as follows:
	(a) Trade, profession, or Selverman Itale	Dukerculisis of Jung
T.	particular kind of work (b) General nature of Industry	
4	bosloess, or establishment in which omployed (or employer)	(Ouration) yrs, mos, ds.
	9 BIRTHPLACE (State or country)	Centributory Secondary
	10 NAME OF Thomas Mules	(Signed) J. O. Oltorico M. a. M. a.
	11 BIRTHPLACE OF FATHER	Lept 20, 1930 (Address) Walders
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Clizafeit Brise	*State the Disease Causing Dnath, or, in deaths from Course, state (1) Means of Injury; and (2) whether Acqueental, Suicidal of Homicidal.
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place
	OF MOTHER (State or country)	of death yrs. mes ds State, yrs. mes ds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(informant) there on . Nyles	Former or usual residence
i	(Address) While Wlacie	19 PURGE OF BURIAL OR REMOVAL DOTE OF BURIAL
	FRED PST N 1930 M P DADAYS	20 UNDERTAKER APOLESS
	If more blanks are needed address State Regis	trar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
5.3	A SHOW AND AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY	some the contraction of the contract of the co

[Approved by U. S. Census and American Public Health Assurbation.

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in doniestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed employed, as At school or precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Parker, atc. without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) irmerg: (a) Foreman, only when needed. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement Compositor, Architect, Locomotur engineer, very important, so that the relative healthful-For persons who have no occupation whatever or industry, and therefore an additional line As examples At home. Care should be Nover return "Laborer." (a) Spinner, (b) Cotton If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup Typhoid ferer (never report "Typhoid fener (the only definite synonym is "Epidemie cerebroterm for the same disease. CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEAND and causation), using always the same accepted menmonia. Bronchopneumonia Examples: Cerebrospinal ("Pneumonia pneumonia

> "PUERPERAL peritonitis," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway troin-accident. Renotury SUICIDAL, or nonnecessary, or as probably such, if impossible to determine definitely. Examples: Acculental drowning. genital," heod-homicide; Poisoned by carbohe acud-probably state means of injury and qualify as accidental, surgical operation was undertaken. etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H.:conorrhage," "hazation," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumowia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds., Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant proplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puenperal septiches mea," "Old Age," "Shock," "Coma," "Senile," etc.), ma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuret.c. "Trannin." "Weakness, State cause for which FOR VIOLENT DEATHS (Recommendations purom

the certificate is permanently filed. tions answered in general research and must be obtained before If this certificate is lanked over thoroughly and all ques-

V. S.

Filed / 2/

PLACE OF DEATH	14904 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
H X in	Registration Dist. No. 108
Tillage or City Aug (No. No.	St.: Ward) (if death occurred in
2FULL NAME (Queci &	a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH SEC 5 , 1920
DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
NEQ 15, 1870	1927s. to 098 s. 1938.
(Month) (Day) (Year)	that I iast saw h 37 alive on N. Co., 1920.,
AGE IfLESS than 1 day hrs.	and that death occurred on the date stated above, nt
Obyrsmosds. ormin.?	0 f
OCCUPATION (a) Trade, profession or particular kind of work	Carley Stomach
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Vyrg. Times de
BIRTHPLACE (State or country)	Contributory Secondary O(Duration) Vyrs mos ds
10 NAME OF FATHER Frank Edilin	(Signed) + O Chapeler M. D.
11 BIRTHPLACE OF FATHER	1970 (Address) A Switch Mu
(State or country)	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tother January	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Kick Deale	Former or usual residence
D + 10.710.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Toryautom Ch 12/1, 1920.

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, hou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation, (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Streement of Cause of Death—Name, first, the disconnection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

Wicianjus) may be stated under the head of "contributory." stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping . cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas tracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly erbolic acid-probably suicide. The n ture of the injury, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

PLACE OF DEATH	STATE OF MARYLAND
County Charles	05461 CERTIFICATE OF DEATH
County	49 Registration Dist. No. 104
herber	
Village or City Williams (No. 3)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 - 21- 000	192 Y, to 0 - 190 Q
(Month) (Day) (Year)	that I last saw hat alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
/// // / dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or	Canber / Churt
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) / yra. / (D. mos. de.
which employed or (employer)	Contributory
(State or country)	Secondary (Duration) yrs. mos. de.
10 NAME OF PATHER PAGE R Shanger	(Signed) A. Thysland M.D.
11 BIRTHPLACE	5'-26'- 1980 (Address) Nayside
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
& OF MOTHER Sarah a Chaptular	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) H. M. noveri	Former or usual residence
h. h	19 PLACE OF BURIAL OR REMOVAL THE OF BURIAL
(Address)	Sommis Cometin 5-26- 1036
Filed 5 15'-1928 U J Jugdon Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up ou account of the disease causing death. gaged in domestic service for wages, as Scrvant, Cook Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid pneumonia"); Typhoid fever (never report "Typhoid pneumonia,"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarrlage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 d8. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory (uame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-"Coma," "Con-(merely (second-(disease

AUSE CF DEATH in plain terms so that it may be properly classified.
ON is very important. See instructions on back of certificate. ORD A PERMANENT BINDING MARGIN RESERVED FOR VITH UNFADING INK--THIS N. B.—Every dem of informa CIANS should state statement of OCCUP AINLY V. S. No. 1

PLACE OF DEATH County	06020 STATE OF MARYLAND CERTIFICATE OF DEATH
num n	Registration Dist. No. 100
Village or City St. (No	St: Ward) (If deeth occurred in a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year)
6 DATE OF BIRTH Don't Kum, 1844	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE Celout (If LESS than	and that death occurred on the date stated above, at 12 2 m.
I dayhrs.	The state of the s
yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work	Laurha
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 2 /ds.
9 BIRTHPLACE (State or country) Cher C.	Contributory Secondary Duraion yra mos de
10 NAME OF GEORGE Morris	(Signed) M. D. Mary 3 1920 (Address) Joseph College Med
State or country) 11 BIRTHPLACE OF FATHER (State or country) Con,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lumida Assage	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At plece of deathyrsmosds. In the Steteyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et plece of dea.h?
(Informant) Arrol. Agree	Former or usual residence
(Address) Bel atten Hel	Sh I homas Cerneleng May 24, 1930
15 Filed May 23 1923 o May Hay Den Registrar	CW Roby Belallon ha
If more blanks are needed, addre-s tate Kegistras	r, 16 W. Saretoga St., Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more known coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The valvular heart disease; contributory

V. S. No. 1

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Exact

PLACE OF BEATH	STATE OF MARYLAND
County Called	CERTIFICATE OF DEATH
Deax	Registration Dist. No. 100
Village or City / Cel (Mo. (No.	St.: Ward) (If death occurred in a hospital or institu-
2 Harry Louise Him	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 192.0 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nor 28, 1927	192 . to 192 D
(Month) (Day) (Year)	that I last saw h ralive on 193
7 AGE If LESS than I day	The state of the s
yrs. mos. 2 ds. or min.?	The CAUSE OF BEATH + was as follows:
8 OCCUPATION	Torrell (1)
(a) Trade, profession or particular kind of work	from the state of
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) vra mos mos
9 BIRTHPLACE	Contributory Louis
(State or country) (lees Co	Secondary
10 NAME OF	(Daradon) yrs mos ds.
FATHER Canada Menns	(Signed) M. D.
U II BIRTHPLACE	Man (1930 (Address) / DEC
Z (State or country) _ (*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME P	Accidental, Suicidal or Homicidal.
of MOTHER Threshelf Shork	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Cleep	of death
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
and the Hans	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sel Collecty	St. Thomas Cemelley nov 23, 1930
15 Filed How 21 1980 The DHay Cley	20 UNDERTAKER ADDRESS
Filed 100 21 1980 PM 2 Programme Registral	CW 180by Belaton mo
If more banks are needed, addres tate Registrar	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Puhlic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may he indicated thus; Farmer (restate occupation at heginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> delanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death diseases resulting from childhirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Nomenclature The contributory 23

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	N. BEvery Item of information should be carefully supplied. ACE should be stated is CIANS should state USE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.

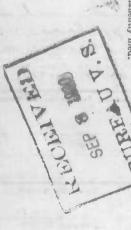
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. MARRIED. MARRIED. OR DIVORCED (Write the word) Mulu White (Write the word) Married (Month) (Day) (Month) To I HEREBY CERTIFY, That I attended the decease	(1915) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 0 / 1	PLACE OF DEATH County Charles
MARRIED. Manuel 16 DATE OF DEATH Que /7, 198 Mulu White OR DIVORCED (Write the word) 6 DATE OF BIRTH 16 DATE OF DEATH (Month) (Day) (Order of Death Que /7, 198 (Month) (Day) (Order of Death Que /7	tion give its NAME is	
MARRIED, Married Gerg /7, 195 Mule White OR DIVORCED (Write the word) 6 DATE OF BIRTH MARRIED, Married Gerg /7, 195 (Month) (Day) (Month) 17 I HEREBY CERTIFY, That I attended the decease	JLARS MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTIC
6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the decease	ranudi ling /7, 1930	3 SEX 4 COLOR OR RACE
, 1004	I HEREBY CERTIFY, That I attended the deceased from	***************************************
	If LESS than and that death occurred on the date stated above, at	7 AGE 4 2 yrs
business, or establishment in which employed or (employer) Cultury hair set 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (Duration) 13 Maiden Name (Duration) 14 Secondary 15 Contributory Secondary 16 Secondary 17 Secondary 18 Secondary 19 Death, or, in deaths of Violent Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal.	(Signed) Locary State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place of death yrs	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country)
(Informant) Boyd C Shoffer (Address) 323 mc Lean aux Sev (Address) 2 mc Lean aux Sev (Address) 2 mc Lean aux Sev [5 Filed aux (8 1936 aux 1920	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Rusale Virgineu 20 UNDERTAKER Registra Pele I Solliver Wash D6.	(Informant) Boyd C S (Address) 323 med (Address) 18 1920 0

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Frysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Statement of Occupation-Precise statement of oclaborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, or Or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery, Wom-

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

carbolic acid-probably swicide. The nature of the injury, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. chopneumonia (secondary), stated unless important Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be



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PLACE OF DEATH	3 0367 STATE OF MARYLAND
County Cherles	CERTIFICATE OF DEATH
allens Fresh	Registration Dist. No.//3
Village or City(Yo	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Enule B.	Dockonias tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrela A COLOR OR RACE SAINGLE, MARRIED, WIDOWED CR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERFIFY, That I attended the decessed from
fine 20, 1904	
(Month) (Day) (Year	and that doeth occurred on the date stated above, at 515 8
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH * was es follows:
yrs. mos. A ds. or min.?	f.f.
8 OCCUPATION (a) Trade, profession of	Tyudest Wand
particular kind of work (b) General nature of industry	Quest (assidental)
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF D	(Ourstion) yrs mos de
FATHER Unthomy forence	(Signed) 180 (Address) Bal allie
ST 11 BIRTHPLACE OF FATHER (State or country) Poland	*State the Common Teath or the trong Violent Caus s, state Will Mans of English Art (2) whether Accidental, Suicidal or Homicial
T 12 MAIDEN NAME OF MOTHER MAN	18 LENGTH OF RESIDENCE (Ed Proping Continue Cont
13 BIRTHPLACE OF MOTHER 10 10 11 11 11 11 11 11 11 11 11 11 11 1	ients or Recent Residents) At place of death yes mos ds. State yes mos de
(State or country) and	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Frak Osakonica	usual residence
(Address) allens Fresh gof	descriting pob- 1. 1.30
Filed Jan 30 1930 lake Of Parky	Hehol M. Roby Belatton
If more blanks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association)

business, that fact may be indicated thus; Farmer (re-tired, 6 yrs). For persons who have no occupation Tousemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to teport specifically the occupations of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used one of the Salesman. (b) Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) sary to know whatever, write None. g/sed in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," 'Foreman, L' Wanager, " Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Caril engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Stationary fireman, etc. But in many Automobile fectory. persons ennaterial

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Cohar pneumonia, Bronchopneumonia ("Pneumonia,"

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstillal nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The "Haemorrhage, contributory death

V. S. No. 1

	PLACE OF DEATH	6368 STATE OF MARYLAND
	County Cooker	CERTIFICATE OF DEATH
	We will be	(29) Registration Dist. No. 108
	Village or City Ulleaugho.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in
	2FULL NAME Joseph Heer	stead of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH See 13, 1930 (Month) (Day) (Year)
	dueg 20, 1859	17 HEREBY CENTIFY, That I reended the deceased from
	. (Month) (Day) (Year)	that I last saw h Les alive on
	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
	yrs. mos. ds. or min.?	Chronic Suterstitud Replan
	a) Trade, profession or	
	particular kind of work (b) General nature of industry	11/2
	business, or establishment in which employed or (employer)	(Durstion)
	9 BIRTHPLACE (State or country)	Contributory & Cult Cardyae Allefation_
	10 NAME OF FATHER SON HY Padelles	(Signed) A Clary Elean M. D. (Signed) 41977 (Address) Alaska Carf
	OF FATHER (State or country)	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of Mother Man Elin Ameth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Java P Heller	Former or usual residence
	(Address) swork DC	OCA FULLS CA DATE OF BURIAL OCE 15, 1930.
	15 Filed 1/15/30 192 Era Pheppelvar	2D UNDERTAKER ADDRESS
	Registrar	Acut Myon Mallor Usa
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Inanition," "Marasuus,
"Uraemia," "Weakness," etc., when a definite disease stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; L. (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart The contributory disease;

PLACE OF DEATH	STATE OF MARY
County Charles	CERTIFICATE OF
P DI+	Registration Dist. No.
Village or City Q Q V LAU 4 (No.	St.: Ward) a hos
2 FULL NAME am Katherin	Page stead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH Abrile 26, 1856	17 I HEREBY CERTIFY, That I attended t
(Manth) (Day) (Year)	that I last saw h- Aalive on
7 AGE If LESS than 1 day hrs. mos. 2 ds. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Carcinoma of his
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) Charles Co	Contributory Secondary (Quration)
10 NAME OF H. Claggett Page	(Signed) 4 m. Govern
OF FATHER (State or country) Cless Ta	*State the I iscase Causing Death, or, in Accidental, Suicidal or Homicidal.
of MOTHER Mary ann Brocol	18 LENGTH OF RESIDENCE (For Hospitals, Inc
13 BIRTHPLACE OF MOTHER (State or country) Charles Co M1.	ients r Recent Residents) At place In the of dea' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Walter M. Page.	Former or usual residence
(Address) a laca my losey. Filed une 1919230 Lallain Posey. Registrar	20 UN DERTAKER RYON W
If more banks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06645 STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
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MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH LINE / 9 TO TO THE MONTH (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from 19 10 119 119 119 119 119 119 119 119 1
and that death occurred on the date stated above, at
Carcinoma of funo
Carenand & Page
(Duration)yrsmos
Contributory Secondary
(Signed) 4 M. Gerrega M. (Signed) 4 M. Gerrega M. (Address) Qquap Co M
*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients r Recent Residents)
At place of deat' yrs
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 20, 193
20 UN DERTAKER

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ahorer, Farm laborer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid--probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Chronic etc. The contributory valvular heart disease;

ERMANENT BINDING MARGIN should state CAUS OCCUPATION IS

	PLACE OF DE
CIA	County Clark
PHYSICIA act statement	Village or City
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STATE OF MARYLAND CERTIFICATE OF DEATH

Villa	ge or City Mulder (No. ,	St.; Ward) St. No
	2 FULL NAME Cliza seit Le	e Searson give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	2 Wale Water (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	18 DATE OF DEATH SEATON (Month) (Day) (Year)
	TE OF BIRTH May 3, 187/ (Month) (Day) (Year)	that I last saw h Malive on Sept 23, 1913
7 AG	11 LESS than 1 day, brs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
par (b	OCUPATION) Trade, profession, or) General nature of industry closess, or establishment is ich employed (or employer)	(Burstlen) pre moe to
	RTHPLACE (State or country)	Contributory delle deendelle
uh.	10 NAME OF PORT A. Barson	(Signed) J. D. Morer 2
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.
PAR	of MOTHER Serving 6. Speake	SUICIDAL OF HONICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the condition of death control of death control of the control
	(Informant)	Where was disease contracted, If not at place of death?
16	(Address) Malder	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hauls en Sen 7 19130
16 Cite	aft 24,30 m l. month	20 UNDERTAKER ADDRESS

of more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Crocery, (a) Foreman, (b) Aulo-"Porcuan," "Manager," "Dealer," etc., without more of the second statement know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, et g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia Bronchopmeumonia ("Pneumonia"); unqualified is indefinite); Tuberculosis of lungs, mening

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent beaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inunition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness." lapse," "Coma," "Convulsions," "Debility" ("Congcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstition Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., ol. or miscarriage as "Puenpenal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere wound of

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7 1930

V. S. No.

PLACE OF DEATH	13724 STATE OF MARYLAND
County Charles Country	CERTIFICATE OF DEATH
	Registration Dist. No. 103
Village or City Wicomico Md. (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME albert Philips Per	tion, give its NAME its stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Nov. (Month) Nov. (Day) 4 (Yes) 30
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept 17 1906	Nov. 1 1930 to Nov. 4 ,1930.
(Month) (Day) (Year)	that I last saw hom alive on Mar. 4 - 6 am 192 30
7 AGE	and that death occurred on the date stated above, at 8:20 am.
24 yrs. 6 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
EOCCUPATION	
(a) Trade, profession or particular kind of work	3. O to C Pake 1 Present the
(b) General nature of industry	Justinal Crisis Principles
business, or establishment in which employed or (employer) Worker in Lot hours in D.C.	(Duration)yrs,mos:ds,
9 BIRTHPLACE	Contributory Cardiac Jailine
(State or country) Washington D.C.	(Duration) yrs mos / ds.
10 NAME OF FATHER Ollie Philips Penn	(Signed) alarsus C. Welch M. D.
OF FATHER (State or country) Charles Cacenty Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ena Brewer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Washington D.C.	At place of desthyrsmos/f ds. In the Stateyrsinosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at place leath
(Informant) Wilson W. Penn	Former or usual residence Washington V. C.
(Address) Wiconico Md -	Junty Church Mov. 7th, 1930
Filed Mrs. 4 1920 P. Lephell Registrar	20 UNDERTAKER ADDRESS Chapters Md.
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
N Company of the Comp	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) At Home, and children, not gainfully em-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), stated unless important use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illuess. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, whatever, write None. tired 6 yrs.). to report specifically the occupations of persons enployed, as At school or At nome. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a Falcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide, The natrain-aecident; Revolver wound of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse, conditions, such as "Asthenia," "Anaemia" ary), 10 ds. use of "Tumor" for malignant neoplasms); "Dropsy," "Exhausticn," "Heart failure." "Haemorcausing death), 29 ds.; Bronehopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory vulsions," Whooping cough; Chronic valvular heart discuse; inges, peritonacum, etc., Carcinomu, Sardoma, etc., of unqualified, is indefinite); Tuberculesis of lungs, men FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or (Recommendations on state-Example: Meastes " "Coma," "Con-Meastes; (merely terminal (second-(disease

Filed Sep.

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	RECORD	AACTLY perly classifie artificate.
פאפ	PERMANEN.	should be sta t it may be pro s on back of ce
	15 A	that actions
MARGIN RESERVED FOR BINDING	AINLY, WITH UNFADING INKTHIS IS A PERMANEN' RECORD	Lifermal should be carefully supplied the should be stated the property of the state OAGSE OF DEATH in plain terms so that it may be properly classified. The OCCUPATION is very important. See Instructions on back of certificate.
Z.	AINLY, WI	ald state CACSE

	PLACE OF DEATH CHARLES	10328 STATE OF MARYLAND CERTIFICATE OF DEATH
	Md.	(181) Registration Dist. No. 106
Villa	2 FULL NAME Herbert Christian PEPI	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, MARRIED, Single OR DIVORCED (Write the word)	September 5 , 1830 (Month) (Day) , 1841
7 AG	November 11 891 (Year) E If LESS than dayhrs. or min. ?	that I last saw h 1m alive on Never 192 and that death occurred on the date stated above, at 1:00 Pm The CAUSE OF DEATH & was as follows: Carbon monoxide gas
pa (b bu	CCUPATION) Trade, profession or urticular kind of work) General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE (State or country) New York	About 3 Hours (Duration) yrs inos de Contributory Secondary La Calbratical yrs mos de
	10 NAME OF Unknown	(Signed) Roger A. Nolan M.D
ENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER Unknown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place of deathyrsmos. da. State,yrsmosda
	(Informant) C.L. WOOD	Where was disease contracted, if not at place of death? Former or usual residence.
	(Address) Naval Dispensary	19 PLACE OF BURIAL OR KEMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

ADDRESS

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from gaged in Comestic service for wages, as Servant, Cook, to report specifically the occupations of persons onployed, as At school or At Lome. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be estered a. Housewife, House, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Goal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. The material tired (yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed whatever, write None. Statement of Occupation Precise statement of oc-For many occupations a single word or term on As examples: (a)

ed term for the came disease. Examples A Corebro hing EASE CAUSE DEAFH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup") to time and cansation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneum: nha") fever (the only definite synonym is "Epilemic colebra Statement of Cause of Death - Name, first, the DIS

> myex. peritonaeum, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is loss definite; avoid taken. For violent deaths state means of injury diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia." "Weekness," etc., when a definite disease rhage," "Inanition." "Marusmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." wilsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "PUERPIRAL seplicaemia." "PUERPERAL perlionitis," ete. Whooping head of "contributory." Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on cough; Chronic valvular heart disease; (Recommendations on state-The contributory "IIaemor-(merely (disease (second-

the tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quescertificate is permanently filed. All the data is essential and must be obtained before

	PLACE OF DEATH	09151	STATE OF MARY	YLAND
Com	nty Advisor		CERTIFICATE OF	
/	March 1	162	Registration Dist.	
VIIIa	ge or City (No.	Diff y	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead
	² FULL NAME JOURS CE	Us VI	elene_	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		DICAL CERTIFICATE OF	DEATH
3 SE	ACOLOR OR RACE 6 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	(Day) ,1930
6 DA	TE OF BIRTH QUIDI, 20 931	17 I HERE	BY CERTIFY. That I atten	ded deceased from
	(Month) (Day) (Year)	that I last saw	h <u>alive o</u> n	, 191
7 AG		and that death	occurred on the date state	d above, at m-
	yrs, mos, 3 ds, OR min.?	The CAUSE OF	DEATH * was as follows:	
300	CCUPATION) Trade, profession, or		() / () A A A	
bs	Clicular kind of work General nature of industry			######################################
Fre 180	siness, or establishment in		(Duration)	YTS. MOS de
9 B	INTHPLACE (State or country)	Centributory Secondary		
	10 NAME OF PRIMORAL Restorat	(Signed)	Dura Manay	nro E
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Casy .	181, O(Addrssa) DEATH, or, in	Sal My deaths from VIOLENT
PARE	12 MAIDEN NAME Sallio Six foral	CAUSES, state (SINCIPAL or Hor	1) MEANS OF INJURY: and (2)	whether Accidental.
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESI		
14 TI	HE ABOVE IS TRUETO THE BEST OF MY NOWLEDGE .	Where was disease conf if not at place of deat		
	(lotormant) (aymon) Trekera	Former or		
	(Address) Molday	19 PLACE OF BUR	AL OR REMOVAL D	TE OF BURIAL 3
16 File	aug 30 m & Moure	20/ DI DERTAKE	aur C	DORESS 1. 19
	REGISTRAR	16.71	carrie	meky
11	U more blanks are noeded, address State Registrar.	16 W Saratoga St., B	alto., Requesting V. S. No. 1	8

[Approved by U. S. Gensus and American Public Health Association.]

engaged in domestic service for wages, as Servant. Cook or given up on account of the DISEASE CAUSING DEATH. write None state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Luborer "Foreman," "Manager," "Pealer." mobile factory. The material worked on may form part of the second statement Never return "Laborer," mill; (a) Salesman, (b) Grocery, (a) Foreman, only when needed As examples (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed is provided for the latter statement; it should be used business or industry, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective ness of various pursuits ean be known. The question For many oecupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, and therefore an additional line At home. Care should be Never return "Laborer," etc. without more (b) Auto-(ini

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia. Bronchapmeumonia ("Pneumonia," menindalified, is indefinite); Tuberculosts of lungs, meninderialists of lungs, meninderialists.

REAU

on Nonienclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated mus, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Academial drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as surgical operation was undertaken. For violent deaths "Puerpenal pertantits," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weikness," genital," "Senile," "Anaemia" (merely symptomatic), cough; Chronic valuata heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intercur-"Convulsions," etc.). "Dropsy," "Debility" ("Con-"Atrophy." "Exhaustion," ACCIDENTAL, unportant.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state NUSE CF DEATH in plain terms so that it may be properly classified. statement of OCCUPA. ON is very important. See instructions on back of certificate. PERMANENT BINDING MARGIN RESERVED FOR ITH UNFADING INK--THIS IS INLY

V. S. No. 1

	PLACE OF DEATH County Charles	9 0369 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Wally (No.	Registration Dist. No.
	2FULL NAME Many & J	St.: Ward) A hospitul or institution, give its NAME listead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH Minorth) (Day) (Year)	that I last saw h alive on , 192 ,
-	7 AGE Jyrs. 3 mos. ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work. (b) General nature of industry	
	business, or cetablishment in which employed or (employer)	Contributory Secondary
	(State or country) Gharles (co	(Signed)ds.
	ST 11 BIRTHPLACE OF FATHER (State or country) Cherles 12 MAIDEN NAME 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Meane of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. State yrs mos. ds.
	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Walles Vickeral (Address) Waldong Mid-	19 PLACE OF BURHAL OR REMOVAL DATE OF BURIAL OR REMOVAL /2, 1930
	15 Filed // 1930 The S Moure 2	Hundy & Pyran Price needy
If more b.anks are needed, addre.s .tate Registrar, 16 W. Saratoga St. Salto., Lequesting V. S. Ivo. 1.		

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm loborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Plonter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Solesman. that fact may be indicated thus; Farmer (re For persons who have no occupation (6) Automobile foctory. The material person, irrespective of But in many (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Lightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> teldnus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) etc. The contributory affection need not be Nomenclature discase;

V. S. No. 1

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /08
Village or City W V Joes (No	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 /8 , 1989 (Month) (Day) (Year)
6 DATE OF BIRTH (Moth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1936, to 2 , 1936, that I last saw h 21 alive on 2 , 1930,
7 AGE 49 yrs. 4 mos. 0 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER THOU Along 11 BIRTHPLACE OF FATHER 12 P	(Signed) M. D. 1920 (Address) State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) 20 Place	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Steffici Cerd 15 Filed 12/21/30 192 6 m Steffelsar Registrar	Breezet Cl 12/21, 1920 20 UNDERTAKER Breeze Keeglesag
/ If more bianks are needed, address tate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 7. A

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M

PLACE OF DEATH County Charles Village or City Bryandan (No				
	EX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCE! (Write the word	Denje
5 0	DATE OF BIR	D Q (Month	(Day)	1917 th
7 A	GE	12 yrs. 3	mos. 15 de	If LESS than and I day hrs. or min.?
がいた。	o) General na usiness, or es which employe	ofession or Sekature of industry stablishment in ed or (employer)		
9 E	(State or cou	there,	Camey -	
PARENTS	12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ACE ER Country) Clave NAME ER ACE ER Country) S1-7	Lalen Love	At of W
4		S TRUE TO THE BES		EDGE if

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, giva its NAME is -stead of street and numbar.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month)(Day) I HEREBY CERTIFY, That I attended the deceased from d that death occurred on the date stated above, at e CAUSE OF DEATH * was as follows: Contributory Secondary 1920 (Address) 16-c *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the place State.....yrs.....mos.. death. here was disease contracted, not at place of death? DATE OF BURIAL

If mora branks are naeded, addrass State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

20 UNDER

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm taborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner. (b) Cotton mitt; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civit engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. capation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer or given up on account of the bisease causing beating Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en work, or at Home, and children, not gainfully em-(a) Foremun. (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on The ques-(1.6.

Etatement of Cause of Death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmentu"); Lobar pacumonia, Bronchopneumonia ("Pneumonia")

> ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia." "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death). 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," vulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be head of "contributory." Poisoned by carbolic acid-probably suicide. The na-Examples: Accidentat drowning; Struck by railway Whooping cough; Nomenclature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid the injury, as fracture of skull, and conse-(c. g., sepsis, tetanus) may be stated under the Chronic valvular heart disease; (Recommendations on state-Always qualify all (merely (second-

should be stated EXACTLY, I

d be carefully supplied. Net should be states EXAC DEATH in plain terms so that it may be properly classry important. See instructions on back of certificate.

PLACE OF DEATH

12363

STATE OF MARYLAND CERTIFICATE OF DEATH

,	The same
11	5.5
(6	1 1 m
10	and the same

	Registration Dist. No.
Village or City Phyaulown (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930 , 1930 (Year)
6 DATE OF BIRTH (Morth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 001 728 , 1930, that I last saw have elive on 01 728 , 1930,
7 AGE If LESS than I day hrs. 1 day hrs. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or blunch work	Hodgskins Desens
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) & & &	Contributory Secondary (Dyration) yrs
10 NAME OF FATHER Read On Posey dr	(Signed) Lowy 6. Chopfeles M. D.
OF FATHER (State or country) 12 MAIDEN NAME 7	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many J Bowley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Chae Cas	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deeth?
(Informant) 6, 13. Ediler	Former or usual residence
(Address) By are by	By aula Che Oct 30, 1930
15 Filed Och 30 1920 C allo Honling	6. Jacks Meshamiela by

If more branks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the dutics of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Aarner (restate occupation at beginning of illness. If repired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicum, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no opcupation (6) Grocery;

Strtement of Cause of Death—Name, first, the Diseas. Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrasial fever (the only definite synonym is "Epidemic creeky spinal meningitis"); Diphtheria (avoid use of "Crupp"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, etc. The contributory

	PLACE OF DEATH
C	ounty Charles
	ok ()
Villa	age or City Statt (No.
	2 FULL NAME CASTIL C
**	PERSONAL AND STATISTICAL PARTICULARS
3 S	EX 4 COLOR OR RACE 5 SINGLE.
	4 B MARRIÉD, WIDOWED OR DIVORCED (Write the word)
6 D.	ATE OF BIRTH
	mknown,
N AC	(Month) (Day) (Year)
7 AG	If LESS than I dayhrs.
-	
(a	OCUPATION Trade, profession or Articular kind of work
(b	o) General nature of industry usiness, or establishment in hich employed or (employer)
	(State or country)
	10 NAME OF FATHER LANGUAGE HELDEN
ARENTS	11 BIRTHPLACE. OF FATHERS (State or country)
PAR	12 MAIDEN NAME POUG Colbut
	13 BIRTHPLACE OF MOTHER (State or country)
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) & Sully
	(Address)
15 F	iled 12 - 7 - 100 8 4 Hunder
	Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

... Ward) (If death occurred in a hospital or institutinn, give its NAME instead of street and number.)

16 DATE OF DEATH
12-0~,1030
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from
11-10-1980, 1 2-6- 1930
that I last saw h & alive on /2 -5 - , 1923 0
and that death occurred on the date stated above, at . Q
The CAUSE OF DEATH & was as follows:
3 hanston
(Duration) yrs mos ds.
Contributory Broken back yourugt Secondary sin relin 2 god agod
(Signed) I L. Highery M.D.
12-15 1980 (Address) Mun sich
*State the Disease Causing Death, or, in feaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
lents, or Recent Residents)
At place of death yrs. mos da. State, yrs mos da.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Holy Short Comby 12-8-1030
20 UNDERGAKER ADDRESS

MEDICAL CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cm-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., Never return "Laborer," "Foreman," "Manager," "Deals Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrokepinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diputheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

BREAU

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental decounting; Struck by railroay as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent duaths state means of injury diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was under-"Puehperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weekness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatle), "Atrophy." "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. use of "fumor" for malignant neoplasms); Measles; inucs, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" Is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease "Anaemia" (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.)

MEDICAL CERTIFICATE OF DEATH(Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: *State the listase Causing Death, or, In Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

At place of deathyrsmos	In the State, yrs
Where was disease contracted, if not at place of dea.h?	

da.

If more b.anks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Lequesting

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook ployed, as Al school, or Al home. Care should be taken household only not paid Househeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EACH CLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria aveid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchapueumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic etc. The valvular heart discose; contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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lon should be carefully supplied. ACE should be stated EXACTLY, P. U.S.E. C.F. DEATH in plain terms so that it may be properly classified. On is very important. See instructions on back of certificate. SRD PERMANENT BINDING MARGIN RESERVED FOR ITH UNFADING INK-THIS II N. B.—Every Item of informatical CIANS should state statement of OCCUP V. S. No. 1

PLACE OF DEATH	01565 STATE OF MARYLAND
County (1)	Registration Dist. No. / 00
Village or City (No	St.: Ward) Noelee (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 4 2 8 , 192 0
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
yrs. 35 mos. 9 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	from information given by Dr. Spener who had attended child sanoting as at his opine on a Coly-which later development of the species of the control of the series of the control of the series of the control of the co
BIRTHPLACE (State or country) Charles & md-	Contributory M. Mondus Meumonia and Secondary Mulifornia yes mos de. (Signed) Claim Cosly Lighten M. D.
11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Lisrase Causing Death, or, in deaths from
12 MAIDEN NAME MONIE OF MOTHER MONIE CONTRACTOR	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents r Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of dear' yrs
(Informant) Cloude Proch	Former or usual residence
(Address) Bonfut md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MONTH, 1930
Filed Jerry 1030 & Illan Joseph Registra	Clarence Proper Falin Comput Med
If more banks are needed, addre_s State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, "Shock," "Shock," American Medical Association.) approved by Committee on Nomenclature carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," causing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Whooping cough; Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Chronic The nature of the injury, etc. The contributory valvular heart discase; Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PLACE OF DEATH	05463 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
(D: 1) .	Registration Dist. No. 103
Village or City Lilling Stuffeno.	St; Ward) If death occurred in a hospital or institu-
TA 10 Cost	lon, give its NAME in-
² FULL NAME / CLUME	Aumber,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL ERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day), 1920
6 DATE OF BIRTH	Wade one visit way 4
Var. 8 ,876	that I last saw bellgalive on the 4 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH A was de follows:
yrs	augua Vectoris
OCCUPATION (a) Trade, profession or	0
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. 3 mos. de
which employed or (employer)	Contributory Secondary
(State or country)	(Duration) yre mos de
10 NAME OF FATHER OF TO TO THE PARTIES OF THE PARTI	(Signed) July Cherry M.D.
2 11 BIRTHPLACE	lead 4 1930 (Address Wounderwinger
11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
V OF MOTHER (2)	Accidental, Suicidal or Homicidal,
18 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts, or Recent Residents)
OF MOTHER (State or country)	At place in the of deathyrsmosda, State,yrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) admian Iroctor	Former or usual residence
(Address) Corone,	19 PLACE OF BURIAL OR REMOVAE DATE OF BURIAL 30
May 6 138 MC Monrel	20 UNDERTAKER ADDRESS
Registrar	Knutt Hay on Valday 24
* wore blanks are needed, address State Registrar.	16 W. Saratoga St., Ballo., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, to report specifically the occupations of persons en Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of ocetc., without more precise specification as Day Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); niges, peritonacum, etc., Carcinomu, Sarcomu, etc., of quences (c. g., sepsis, tetanus) may be stated under the and qualify as Accidental, Suicidal, or Homicidal, of conditions, such as "Asthenia," causing death). 29 ds.; Bronchopneumonda Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis." diseases resulting from abildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Murasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorrulsions," symptomatic), "Atrophy," "Collapse," (secondary or Intercurrent) affection need not be Whooping cough; Chronic valentar heart disease; (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway (Recommendations on state-"минетін" "Coma," (second-(merely (disease etc.

If this certificate is looked over thoroughly and all questions auswered in detail, it will prevent further correspondence. All the data is essential and must be obtained octore the certificate is permanently filed.

BURREAU

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in St.: Ward) a hospital er institution, give its NAME innumber.) MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that and that death occured on the date stated above, at A 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: supplie Ludgel was luces (a) Trade, profession or plain int. Se particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ICS Contributary MARGIN 9 BIRTHPLACE EAT (State or country) 20 10 NAME OF 1900 (Address) 14 Cla *State the Discase Causing Death, or, in deaths from Violent Caus.s, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients or Recent Residents) 13 BIRTHPLACE At place 00 OF MOTHER (State or country) 00 Where was disease contracted, if not at place of death? shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE CIANS shows statement c usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise special attention as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: a nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmar (regaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," 'Manager." "Fauladditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationery fireman, etc. But in many tion applies to each und every person, irrespective of cupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Foremon, (b) Automobile For many occupations a or At Home, and children, not guinfully emyrs). For persons (a) the kind of work and also (b) the Architect, who have no occupation factory. The single word or term on Locomotive engineer, The quesmaleria. (Grovery)

Externent of Cause of Death—Name, first, the DISTERACE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); abor pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., kepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonacum, etc., Carcinoma, Sarcoma, etc. of carbolic acid-probably smaide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan he ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic " "Old Age, " "Shock," etc. valuular heart The contributory Always qualify all Measles; discase

angwered in detail, it will prevent further correspondence. A I the date is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF BEATH	0915	STATE OF	MARYLAND
County Marles		CERTIFICATE	
	(3)	Registration	Dist. No. 1021
Village or City / WWW (N.) 2FULL NAME Still-VMM	Kewm	and Truor	(If death occurred In a hospital or institu- tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICI	JLARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF		OF BEATT
Wale Black MARRIED, WIDOWED. OR DIVORCE (Write the work	ungle	***************************************	
6 DATE OF BIRTH		HEREBY CERTIFY, That I at	(Day) (Year) (Year) (Year)
august 11"	-41	192 to	
(Month) (Day)	(Year) that I last	naw halive on	, 192
7 AGE	l	ath occurred on the date stated OF DEATH * was as follows:	d above, atm.
yrs, mos. de	or min.?	DEATH - Was as follows:	. 4
a occupation (a) Trade, profession or	hen	rature Bi	rth
particular kind of work (b) General nature of industry			0
business, or establishment in which employed or (employer)	mer	- MIL OND V	hysician.
9 BIRTHPLACE (State or country) Manyland	Contribu	ary	cfc O
ID NAME OF FATHER AND VINNA	unn (Signed 57	m & Maddoy, No	fauti (Tegistra
IN 11 BIRTHPLACE	gleg 11	ASD (Address) Nonc	aur pmg
OF FATTER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	Violent	the Disease Causing Death, Causes, state (1) Means of Ir I, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER TOWN Crys	18 LENGTH	OF RESIDENCE (For Hospi	tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER MANUELLE	At place	Recent Residents) In the Stellers Stel	
(State or Country)	Where was d	isesse contracted,	
Ul Charle Prus	Former or usual residence		
(Address) Januardes	MIA ISPLACE O	of BURIAL OR REMOVAL	DATE OF BURIAL
15 Fil aly // 100 1 7 Mad	dorf 20 ANDER	AKER CALLS	APDRESS 94
If more bianks als needed, address	tota Registrer 16 W Sand	tors St. Bulto Requesting V	S No. 1
If there blanks and needed, address	care Negistral, 19 W. Dara	osa Dei, Darror, Requesting V.	

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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Exact

PLACE OF DEATH	07942 STATE OF MARYLAND			
County Charles	CERTIFICATE OF DEATH			
Maas to Dot Ma	Registration Dist. No. 105			
Village or City 1 Cut (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instance of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR BACE 5 SINGLE.	16 DATE OF DEATH			
Male Thate or Divorced (Write the word)	(Month) (Day) (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from			
Unhhour 1	Well hofelber of trees 192.			
(Month) (Day) (Year)	that I last saw h wire and hem fly & sef 192			
7 AGE [If LESS than	and that death occurred on the date stated above, atm,			
Mt 42 1 dayhrs.	The CAUSE OF DEATH * was as follows:			
mos, ds. or min.?	and the second			
B OCCUPATION (a) Trade, profession or	Janos Of The State			
particular kind of work (b) General nature of industry				
business, or establishment in	(Duration) yrs. mos. ds.			
which employed or (employer)	Contributory Very Arch			
9 BIRTHPLACE (State or country)	Secondary (Duration)de.			
10 NAME OF	JOD 1123			
FATHER WWW.	(Signed) (Address) Williams			
OF FATHER	(Address)			
OF FATHER (State or country) 12 MAIDEN NAME	State the Lisesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
T 12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER WILLIAM	At place of des' yrs			
(State or county) 14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, if not at place of dea.h?			
Ira Mes H. Y subaroull	Former or usual residence			
(Address) La Plala Mix	Ballimore Marie Date of Burial 33			
15 Files My 25,30 M. L. Months	20 UN DERTAKER PROMISE STANDARD			
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Belto, Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. 6 Automobile factory. The material Laborer-Coal minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." "Inanition," "Marasmus, Viu Age,
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease; not be

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PLACE OF DEATH	6371 STATE OF MARYLAND
County Charles!	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City & Drec actes, (No. 2FULL NAME Mary & Pi	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, Single, WIDOWED Shingle, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sels (Month) (Day) , 1 95	that I last saw her alive on 1929.
73 yrs. 3 moa. 2 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Ohn, tifnid Elithers
business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country Plante, Co, Md.	Contributory Secondary (Durgtion) As. mos. de.
FATHER Oly, Pison.	(Signed) Sey, C, Technull, M.D.
of FATHER (State or country) Charles Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER LAGE Shamon,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Clearles or My,	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Carming Cesar (Address) Doucaster Ald-	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 3
Filedon 7 30 Stru & Maddor Registras	20 UN DERTIKER PADDRESS SKEEPER
If more banks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer,

EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-stinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Scnile," etc.), "Dropse," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Am approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainperitonacum, etc., Carcinoma, Sarcoma, etc., of can Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by committee on Nomenclature of the cough; Chronic etc. The contributory valvular heart disease; " Shock," Mcasles ; " elc.

If it certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PR CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUP. ON is very important. See instructions on back of certificate. DRD PERMANENT BINDING MARGIN RESERVED FOR ITH UNFADING INK--THIS IS INLY V. S. No. 1

PLACE OF DEATH	04196 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. 168
1 Valda)
Village or City No.	St: Ward) (If death occurred in a hospital or insite
2FULL NAME Dufaut	beats tion, give its NAME instead of street end pumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTITY, That I attended the deceased from
(Month) (Dar) (Year)	that I last/saw hole of the fine for the first that I last/saw hole of the
7 AGE	and that death occurred on the date stated above, atm,
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	NIOV BODA
(a) Trade, profession or particular kind of work	AACC
(b) General nature of industry	
business, or establishment in which employed or (employer)	ds.
9 BIRTHPLACE (State or country)	Contributory All Condary
10 NAME OF PALL TO AND	(Signed). M. D.
11 BIRTHPLACE	H 1939 (Address) Alexeror
OF FATHER Z (State or country)	*State the Disesse Causing Desth or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OF Kroner Coclor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Deus of Tober Do	usual residence
(Address) Meldort	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1970
15 Filed 4/18/36 19 En Chappelian Registrar	DESPUS Proclor Holdony
If more bianks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescup. ion is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; nephrilis, etc. The contributory

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	1 PLACE	OF DEATH			6372	STATE OF M	ARYLAND	
Coun	cha cha	rles				CERTIFICATE		
Coun					90	Registration	Dist. No. / C	6
Villa		ndian Head.		ROBEY		St.;Ward)	a hospital give its 1	h eccurred in or institution, RAME instead and number.]
	PERS	ONAL AND STATIS	TICAL PARTICU	ILARS	ME	EDICAL CERTIFICAT	E OF DEATH	
3 SE	x nale	4 COLOR OF RACE	5 SINGLE MARRIED, WIDOWED M OR DIVORCED (Write the word)	arried	16 DATE OF DEAT	TH January	**********************	1930
	TE OF BIR		r 971	L , 1886	1-31	BY CERTIFY, That 1 -30 , 191, to		(Year)
7 AG	E A	3 yrs	mes. 2 2 ds.	If LESS than 1 day, hrs. OR min. ?	and that death The CAUSE OF	occurred on the date DEATH * was as for	lows:	11,30
par (b) bus whi	iness, or es	of work will to be a considered with the consi			30 min	Myo-cardit	5	mos
	10 NAME FATH		S		(Signad) Roge	F K. Holan	on Mood	, M.
ENTS		or country) Mary	land		*State the	DISFASE CAUSING DEATH, (1) MEANS OF INJURY: AI	or, in deaths from	
PAR	13 BIRTH	Ida C.			SUICIDAL OF HO	MICIDAL SIDENCE (FOR HOSPITAL IDENTS) IN		
		G.L. Robey	Lawrence	Poly	Where was disease con if not at place of deat former or osual residence	itracted. Ih ?	1	
15 File	(Address	1913s J	EDunin	tox	20 UNDERTAKER	1000	ADDRESS	, 1013.C
-			CPP	REGISTRAR	Heut +	Rejon	Waldows	ned

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or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Luborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer. Housemaid, taken to report specifically the occupations of persons business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever Stationary fireman, etc. But in many cases, etc. If the occupation has been changed The material worked on may form part Women at home, who are engaged in ("inil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant meoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum. etc., Carcinoma, Sarcoma, etc., of "Anaemia" or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-Never report mere "Atrophy," "Col-ACCIDENTAL, ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Charles	O1566 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O/
Village or City / 12 6 (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale White Single. Junale White Wildows D. Junale OR DIVORCED (Write the word)	16 DATE OF DEATH 74 1926 (Month) (Day) (Year)
6 DATE OF BIRTH Tely	17 I HEREBY CERTIFY, That I attended the deceased from
yrs. mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER James & Rober	(Signed) 1924 (Address) Jacob Joseph Jacob State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) (State or Country) (State or Country) (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) James & Makey (Address) Januar & Makey	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LACA 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File 8 1930 79 Southerland Registral	James F. Pikey and Proget mot 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

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(Recommendations on statement of cause of approved (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never port mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perlanaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY by Committee on Chronic etc. The valvular heart disease, Nomenclature Always qualify all contributory

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> Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on head of quences (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or Homicidal, or ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart fallure." "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); "Puerperal scpticacm.a," "Puerperal peritonitis," etc. "Uraemia," "Weaknes.." etc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (R commendations on state-Measles; (second-

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	PLACE OF DEATH	06646	STATE OF N	
	County County	90	CERTIFICATE Registration I	175
V:	Hage or City Haulemoul No.		es.	(If death occurred in
/	2FULL NAME Maria Q, M	Pass.	St.:Ward)	a hospital or institu- tion, give its NAME it- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE C	F DEATH
3	Temale Black Single, MARRIED, WIDOWED. Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH	Jane (Month)	(6, 1930 (Day) (Year)
6	DATE OF BIRTH Self 17, 1853 (Month) (Day) (Year)	that I last saw her	3.30 to	ended the deceased from 180, 180, 1830,
7	AGE Myrs. B mos. 30 ds. or min.	The CAUSE OF DEAT	11 11	above, at
	occupation (a) Trade, profession or Midwife particular kind of work	C/m	Dandiac F	grion'
2	(b) General nature of industry ousiness, or establishment in which employed or (employer)		(Duration)	yrs,de,
9	BIRTHPLACE (State or country) Prince George Ce. Md.	Contributory Secondary	(Durstion)	
	10 NAME OF Bowie.	(Signed) Ser.	(Address) Pis	Verell M.D.
ENTS	OF FATHER (State or country) since Gurge Qu, My		sease Causing Death,	
PARI	of MOTHER Harrett Bergd.		SIDENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Prince George Q. M.	At place of death yrsm	osds. In the	eyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contribution of at place of dead	h?	
	(Informant) Bent, Poss,	Former or usual residence		
	(Address) Manyemory Ind-	Naufmi	y Ind	Sprik 9, 1930
15	Filedung 1920 Thought Registrat	20 UN DESTAKEA	my, Drot	on Had My
	If more banks are needed addre.s State Kegistra	f, 16 W. Saratoga St.,	Bairo, Kequesting V. S	, 1.U. I.

06646

(Approved by U. S. Census and American Public Health Association.)

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration

Dist.	No	10	2	1-y-11-400
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If more blanks are meeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in

unqualified. is indefinite); Tuberculosis of lungs, menta-Lobar pneumonia. Bronchopneumonia spinal meningitis"); Diphtheria (avoid use of "Croup"); time and causation), CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); lever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal using always the same accepted ("Pneumonia,"

> on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injuny and qualify as accidental, surgical operation was undertaken. For violent deates "PUERPERAL perilonitis," etc. State cause for which birth or misearriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid use of as "PUERPERAL septichaemia," Examples: Accidental drowning; "Dropsy," "Exhaustion," ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed

	1	d. Exact
	ORD	EXACTLY rely classified tificate.
NDING	W TE AINLY VITH UNFADING INKTHIS IN PERMANENT	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUP ON is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	HIS IN PE	iled. ACE sh ms so that it nstructions o
RESERVE	ING INKTI	arefully suppiled.
MARGIN	TH UNFAD	should be c E OF DEATH I Is very Imp
	AINLY	Information state AUS
70.1	W	and item of and should tement of O
70, 1	-	CI/Sta

PLACE OF DEATH	CTATE OF MARY AND				
(1)/1011/0	10329 STATE OF MARYLAND				
County County	CERTIFICATE OF DEATH				
a 40 1	Registration Dist. No.				
Village or City Will / Lade (No.	St.: Ward) (If death occurred in a hospital or institu-				
2FULL NAME Emanuel Sco	tion, give Its NAME in- stead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Had Hate Single, Married, Midowal, Widowal, With the word)	16 DATE OF DEATH J. 1930				
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from				
Llov. 6, 1857	1928. to Jufe , 1990.				
(Month) (Day) (Year)	that I last saw h malive on Plant, 19250,				
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:				
yrs. I mos. a de or min.?	Perelsal Komorlage				
a OCCUPATION (a) Trade, profession or					
particular kind of work & LUMMONN					
(b) General nature of industry business, or establishment in	(Duration)yrs mosds.				
which employed or (employer)	Contributory				
(State or country) (Market Ce, Ma)	Secondary (Duration) A vis mos ds.				
10 NAME OF	(Signed) Lee . O. Bickmill M. D.				
FATHER John Cott	Tip2 1930 (Address) Rigale Ind.				
OF FATHER (State or country Charles Co. Md,	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
of Mother Cultour	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
13 BIRTHPLACE OF MOTHER (State or country) Charle, C. Myd.	At place of deathyrsmosds. In the Stateyrsmosds.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?				
(Informant) Orthur Scott.	Former or usual residence				
(Address) Eves Ruade, and	Cerusa Reacte My Sup 3, 1930				
Filed Sept 2 1923 0 J J Maddel Registrar	20 UN DERTAKER APDRESS APPRESS MO				
If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enpleyed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who rcceive a the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the mill; (a) Salesman, -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BURRAU

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important "Uraemia, " "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease shopneumonia (secondary) etc. The contributory affection need valvular heart disease; not be

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laborer, Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician. Compositor. Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed (b) Grocery;

Stritement of Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause of Death—Name, first, the Disease in Cause in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association. approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need not be statement of cause of Nomenclature contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I if death occurred to St:..... Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 18 DATE OF DEATH MARRIED, PERMANENT WIDOWED OR DIVORCED proper oz DATE OF BIRTH (Year) 0 TAGE If LESS than and that death occurred on the date stated above AGE 1 day, hrs E The CAUSE OF DEATH * was as follows: OR min.? supplied. OCCUPATION (a) Trade, profession, or Suoi particular kind of work (b) General nature of industry rms. bosiness, or establishment UNFADING which employed (or employer te BIRTHPLACE Contributory (State or country) c . . E (3) 10 NAME OF C FATHER 2 I S 11 BIRTHPLACE ENT OF FATHER DA *State the DISEASE CAUGING DRATH, or, in deaths from VIOLENT CAUGES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. (State or country) α 12 MAIDEN NAME SUICIDAL OF HOMICIDAL PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS W 13 BIRTHPLACE Al stace in the S (State or country) Stata,yrs mes mes. Where was disease contracted if not at piace of doubt? should state Former or usual residence 19 PLACE OF BURTAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER 6 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLAGE OF DEATH

Approved by U. S. Census and American Public Health

write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager." "Probe. mobile factory. The material worked on may form part mill; (a) Salesman. (b) (revery. (a) Foreman. (b) Autoonly when needed. cian, Compositor, Architect, Locomotive engineer, Cwil engineer. Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement For persons who have no occupation whatever, As examples (a) Spinner, (b) Cotton Nover return "Laborer." If retired from without more ('wil

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of head-homicide; Poisoned to determine definitely. Examples: Accidental drowning, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage as "PUERPERAL septichaemaa." "Heart failure," "Haemorrhage," "Inantiion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cause. etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary). 10 ds. Never report mere Example: Measles (disease causing death). 29 ds., Fronrent) affection need not be stated unless cough; Chronic valvular heart disease; ('hronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," etc. State cause by carbolic acid-probably "Dropsy." "Debility" ("Con-"Atrophy," "Exhaustion," ACCIDENTAL, Important.

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PLACE OF DEATH	14907 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City 2 2 FULL NAME Jane & Shore	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That attended the deceased from
6 DATE OF BIRTH May 9, 1859	120, to 12-3/-, 1930, that I last saw h 1, alive on 12-3/-, 1930
7 AGE (Month) (Day) (Year) 1 If LESS than 1 dayhrs. or min.?	The CAUSE OF DEATH & was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country)	(Duration) yrs. mos. de. Contributory Secondary (Duration) yrs. mos. de.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the State,yrs
(Informant) Control of the Best of My Knowledge	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Touthus Manually Filed 1 - 2 - 1930 The Handley Registrant	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL Holy Strot Cornelius -3-, 19-3, 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indleated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing heath, gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But ln many the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative licalth-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material

Statement of Cause of Death—Name, first, the pisses causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or momicinal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL scp:icacmia,""PUERPERAL poritonitis," etc. diseases resultlug from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weakness;" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); "Dropsy," "Exhausticn," "Heart failure." vulsions," causing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; .. (name origin; "Cancer" Is less definite; avoid "Debility" ("Congenital," "Scnile," etc.), Never report mere symptoms or terminal (Recommendations on state-Example: Mcasles "Haemor-Measles; (merely (second-(disease

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	PLACE OF DEATH	12364 STATE OF MARYLAND CERTIFICATE OF DEATH
	County County	Registration Dist. No./03
Vi	illage or City Lasting (No	St.: Ward) (If death occurred in a hospits) or institu- tion, give its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6	DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 1930, to 22 , 180, that I last saw h 5 alive on 2 2 , 1830,
7	yrs. mos. 6 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
A)	(a) Trade, profession or particular kind of work	Bury Texan
business, or establishment in which employed or (employer)		(Duration) yrs. mos. Ads.
-	BIRTHPLACE (State or country) Clean Ci,	Contributory Secondary Secondary The secondary Secondary The secondary Secondary Secondary Secondary The secondary Seconda
	10 NAME OF FATHER Crust Flesh	(Signed) M.D. (Address) Bel Costenday
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Cerus Brond	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Class Ch	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Philip of The And (Address) Gelskir	Is place of Burial OR REMOVAL DATE OF BURIAL St. 1930
11	Filed Oct 23 19230 Char Of Role Registrar	Eynest Short oct Jankin
=	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more pressure, coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

capproved by Committee on Nomenclature stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "(Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(etanus) may be stated under the head of "contributory." State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
Village or City nun McCenchi Mo. (No.	Registration Dist. No. 1 UD
Village or City NUM /NECO (No	St.: Ward) (If death occurred in
2 FULL NAME Infant Short &	till bon a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALL COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nuc 14
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 14 1930	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	
(a) Trade, profession or	acy von
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)
which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Jessie Short	(Signed) Allan M. D.
of 11 BIRTHPLACE	1. 192) 0 (Address) La Plana / 10
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	V *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emma Jardan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Chas- Co mg -	of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
and the second	Former or
(Informant) Mayor & Farrell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) The Vein chie ma	St. Catherinas ble 14. 1.30
Filed Dec 144 19280 Lillan Pose. Registrar	Lesie Short ne Conchie m
If more blanks are needed, address State Registrar	, 16.W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. ," etc., without more process. Coal mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, Farm laborer, Laborer, Laborer, and the duties of the or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; ... stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; chopneumonia (secondary), etc. The contributory Measles,

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PLACE OF DEATH County Charles	O1568 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diet, No. 1004
Village or City Ra 11 Paid (No	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded the decases from
(Mouth) (Day) (Year)	7 that I last saw helive on
7 AGE If LESS than I dayhrs	The CAUSE OF DEATH & was es follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs. mos. de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosde
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed) M.D. 2-3-1920 (Address) M.D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER John M. Hummelt 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the State,yrs
(Informant) I du h, Shortin	Where was disease contracted, if not at place of death? Former or usual residence
Filed 2-3-1980 P. A. A. Registrar If more blanks are needed, address State Registrar	Purili Re St. Pont 2-3-, 1937. 20 UNDERTAKER Shuft, Shartin ADDRESS W. Saratoga St., Balto, Requesting V. S. No. 1.

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SECENARY.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite saiary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemaid, etc. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," ete., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) worked on may form part of the (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed second statement. The material

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) head of ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or State cause for which surgical operation was under-"PUERPERAL seplicaemic," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia," "Weakness," ctc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorsymptomatic), "Atrophy," "Coliapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles vuisions," eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumore" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary, or intercurrent) affection need not be inges, peritonocum, etc., Carcinoma, Surcoma, etc., of Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" Chronic valvular heart ("Congenital," "Senite," etc.), (Racommendations on state-Struck by railway Always qualify all The contributory "Coma," -homicide; discase; Mcasics, (second-(disease (merely

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(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it husiness, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may he entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should he used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. nature of the husiness or industry, and therefore an Physician, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may he stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can he ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not he

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V S. No. 1

PLACE OF DEATH County Clarific	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 0 /
Village or City Haron Skringe	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Midowed OR DIVORCED (Write the word)	16 DATE OF DEATH July 7, 1980
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h malive on fully 7, 1980,
7 AGE 8 / yrs. 8 mos. 23 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE (State or country) Charles Qu. Md.	Contributory Secondary Duragion for mos de.
10 NAME OF Patert Limmons.	(Spined) M. D. M. D. M. D. (Address) Pisq als M. D.
OF FATHER (State or country) Charles Ce. Ind.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charle, Co, Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Washington D.C.	Suittand and July 9, 1930.
15 Filed July 9 1930 TA Loutherland Registras	Lut & Pron Walderf Ma
if more hanks are needed addre a tate Kegistrar	. 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., without more precise specimeanon as Duy Jaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Compositor, For persons who have no occupation .,""Deal-Grocery;

Statement of Cause of Death—Name, first, the DISEA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "eontributory." as fracture of skull, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Caneer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Chronic and eonsequences (e. g., sepsis, etc. valvular heart Nomenclature of the The contributory disease;

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1 15	PLACE OF DEATH	STATE OF MARYLAND
Exa se	Church	CERTIFICATE OF DEATH
Y, led.	County	Registration Dist. No.
CORD d EXACTLY orly classifie	Village or City No. (No. (No.)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANE no be ay be ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 15 (Year)
PERM PERM Should It may on bac	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from 10-4-180, to 10-4-, 180.
BINDING A PER AGE show that it may	6-20,1/928	that I last saw h santye on
0 0	7 AGE (Month) (Day) (Year)	end thet deeth occurred on the dete steted above, at . 7
FORTHIS pplied rms sinstra	21.yrs3mos	
NK-NK-	(a) Trade, profession or particular kind of work	mempum Conf
ESERVED DING INK- carefully su I in plain to	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. de.
0. 4 TE	which employed or (employer)	Contributory
UNF.	10 NAME OF /	(Duration)yrsmosda,
MARGIN VITH UN SE OF CEA	FATHER Melianh' Sem	(Signed) M.D. (Address) M.D. (Address) M.D.
WI WI	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 0	of MOTHER AME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
LAIN f Inform id state	13 BIRTHPLACE OF MOTHER (State or country)	ln thc of death yrs mos da. Stete, yrs mos da.
9 2 6	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
y Item NS sho	(Informant) Milliam h. Survey	Former or usual residence.
Every	(Address)	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
m o w	15	19.0.0 19.0.0

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from tired 6 yrs.). or given up ou account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. ture of the injury, as fracture of skull, and conse-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unlers important. Example: Mcasles (discase use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Always qualify all Measles; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondered. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instend of street and number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased and that death occurred on the date stated above, at / 2 .. P. .. m. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Inthe State, yrs. mos. de. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; should be used only when needed. As examples; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locumotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-: ed 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant. Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife; House household only (not paid Housekeepers who receive a on at home, er," etc., without more precise specimenous as well laborer, Farm laborer, Laborer, Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. ad litional line is provided for the latter statement; it Civil engineer, Stationary firemen, etc. But in many winatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on state quences (e. g., sepsis, tetanus may be stated under the diseases resulting from childbirth or miscarriage as "Puerpenal septicucania." Puerpenal peritonitis," etc. can be ascertained as the cause symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Ohronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men ture of the injury, as fracture of skull, and conse Examples: Accidental directing: Struck by railway as probably such, if impossible to determine definitely, and qualify as accidental, substal, or momicidal, or State cause for which surgical operation was under "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenital," "Senile," otc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor. (secondary or intercurrent) affection need not be ment of cause of death approved by Poisoned by carbolic acia-probably suicide. train-accident; Revolver would of head-homicide; FOR VIOLENT DEATHS MEETE MEANS OF INJURY Example: Monstes (disease Always qualify all Committee on "Haemor-M castca; disease; (second-(merely

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flec.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealbusiness, that fact muy be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, etc., or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation Farm laborer (b) without more precise specification as Day Cotton mill; (a) Salesman. (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on 6 Grocery;

Strtement of Gause of Death—Name, first, the DIS-EA:: VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); DioMheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL meritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease, nterstitial nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

PLACE OF DEATH	(15465) STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. / O)
Village or City Near Welcombio.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and
2FULL NAME THAT O UM 23	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colory Single, Married, Widowed (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Word about 1865	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. whos. ds. or min.?	18 11 1 5 11 1 00 6
B OCCUPATION (a) Trade, profession or	Bred Juddenly supposed acute
Particular kind of work	Indigesturn
(b) General nature of industry business, or establishment in	Ingulet Held (Duration) yrs mos ds.
which employed or (employer)	1 . March 11 110
9 BIRTHPLACE (State or country) Charles Co · Mu.	Contributory Wollen N. Milan State 1 12a (Duration) VIE 1100 (Duration)
10 NAME OF	(Signed) Lillian VPosey, Registrar M. D.
FATHER James Jumpson	may 16 4 1980 (Address) Law Plata md-
OF FATHER	
State or country) Charles Co mg	* tate the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients (Recent Residents)
OF MOTHER OF CALL	At place of deat yrsds. Stateyrsmosds.
(State or country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Derry Osery	usual residence
y ald not	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) WACONS	My Hope cemeley / nay 11, 1930.
Filed May 16 1930 Lillan V. Pooling. Registrary	Dennigod Cofer mason Spring
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature "Inanition," "Meakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre chopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, ProcIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUP ON is very important. See instructions on back of certificate PERMANEN BINDING MARGIN RESERVED FOR WITH UNFADING INK--THIS I INLY V. S. No. 1

N. B.

PLACE OF DEATH	05466 STATE OF MARYLAND
County Gaas as	CERTIFICATE OF DEATH Registration Dist, No. /08
Village or City Reg Pero RNO. Le 2FULL NAME May added	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LUCAS TO THE STATE OF THE STATE O
6 DATE OF BIRTH See 19, 1999 (Month) (Day), (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1970. to 1970., 1970.,
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Leauetton
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chiefe Ceal Frances ds.
10 NAME OF HOTTISON Freeellwork	(Signed) + Clarion) yes mos ds. (Signed) + Deporture M. D. S 1934 (Address) Hegkewill luc
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 17	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DELAFEU Koncas 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deeth yrs mos. ds. State yrs mos. ds. Where wes disease contracted, if not et place of deeth?
(Informant) DElafre Thomas	Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) And sports ma	Porjaulown Cherch 59, 1930
Filed 579 19230 and Okuffel	Box Douglas Kuglinde aug
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 11

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman. 6) Grocery;

Strtement of Cause of Death—Name, first, the DISEAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ierm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ncoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthonia," "Anaemia" (merely symptom-..... (name origh American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name oright; 'Cancer' is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Always qualify all

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH		01570	CERTIFICATI	E OF DEATH
Count	y Charles		3 ()		I A 6
/		200		Kegistratio	n Dist. No. + O
Village	or City Indian Head 2 FULL NAME Mary A		289	St.;	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
P	ERSONAL AND STATISTIC	CAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, Married	16 DATE OF DEA	TII	
Fema		MARRIED, MALTICE WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
-	OF BIRTH				
November 11 , 1900 (Year)		that I last saw her alive on 9 February 19230 and that death occurred on the date stated above, at 3,002 m			
7 AGE		If LESS than I dayhrs.	The CAUSE OF DE	ATH 🤻 was as follows:	•
8 OCCUI		nos28ds. ormin. ?	Pulmonar	1 Hemottuage	
(b) Ge busine which	ular kind of workHouse eneral nature of industry ess, or establishment in employed or (employer) IPLACE tate or country)	Номе		Pulmonary Tu	O minutes berculosis About
10	NAME OF		Co	gera lula	_drends M.D.
	FATHER Samuel Willi	ams	(Signed)		- 1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		*State the Violent Causes, Accidental, Suid	Disease Causing Deat state (1) Means of Incidal or Homicidal.	th, or, in deaths from njury; and (2) whether	
			and the second of the Steam of the second	spitals, Institutions, Trans-	
13]	Larney Broom		At place 6 yrs. Al		he 29.yrs. 2mos. 28de.
(State or country) Maryland			dracted, Not kno		
	ABOVE IS TRUE TO THE BE				<u> </u>
(Infe	ormant) Julian Smit	h	Former or usual residence	THE PARTY OF THE P	
	(Address) Indian Hea	d Manuland	19 PLACE OF BUI	RIAL OR REMOVAL	DATE OF BURIAL
менеционного засе 15		1	Pomonkey, 1	And Address of the Control of the Co	11 February 3
Filed	Feb. 10 1930 F.E.		20 UNDERTAKER		ADDRESS
		CPA Registrar	Henry A De		Taplata xx

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CTATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

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Statement: f Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia."

EBAU

conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia (name origin; "Cancer" is less definite; avoid inges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marusmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); head of "contributory." Examples: taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal septieucmia," "Puerperal peritonitis," can be ascertained as the cause. vulsions," (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Debility" Accidental drowning; Struck by railway Chronic valvular heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Always qualify all "Coma," The na-Meastes; (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, p. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUP. ON is very important. See instructions on back of certificate. PRD PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED INLY

V. S. No. 1

1 1	O
PLACE OF DEATH	05467 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City Village or City	St.: Ward) (If death occurred in
	tion, give its NAME is -
2FULL NAME Jeefeer	The stead of street and street an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEY 4 COLOR OR PACE 5 SINGLE.	16 DATE OF DEATH
MARRIED, WIDOWED.	3/42/,700
OR DIVORCE (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
4/1/70	192 to 192 H
(Month) (Day) (Year)	that I last faw he the last faw he that I last faw he the last faw he that I last faw he
7 AGE [If LESS than 1 day	and that death occurred on the date stated above, at
yrs. mos. ds. emmin.?	A CASSE OF DEATH A Was as follows:
8 OCCUPATION	Hillon
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) vrs. de.
9 BIRTHPLACE (State or country)	Contributory
I 10 NAME OF	(Duration) yrs. mosds,
FATHER . A APILLIUM	(Signed) M. D.
M 11 BIRTHPLACE	3 22 192 PV(Address) A e Ale Muly
OF FATHER (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state_(1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Conditions	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Or deligning	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) felosla ut	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 5/27 1930 En Opportunit	20 UNDERTAKER ADDRESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
N .	

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion amplies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstital nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Committee on Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1

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PLACE OF DEATH	()4198 STATE OF MARYLAND
County has	CERTIFICATE OF DEATH
2 '1	Registration Dist. No. 168
Village or City Denedick (No.	St.: Ward) (If death occurred in o hospital or institu-
2FULL NAME Lufaut S	tonestreet stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH 4 / 4 , 1930
Male Mile (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4/4/, 1930	1 1 1 1 1 1 30
(Month) (Day) (Year) 7 AGE (If LESS than	'/ / /
7 AGE [If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Still- boin
B OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	Wuration) yrs mos ds.
which employed or (employer)	Contributory Still Form
9 BIRTHPLACE (State or country)	Secondary (Diration) 718
10 NAME OF TARENTAL	(Signed) & Thappelean, M. D.
FATHER Trank Slovestreet	4/4 1930 (Address) Nugherulle, mel
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME TO A A A	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of Mother Mabel Jenkens	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmos,ds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Diduces Cole fo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) aguases, Ma	Benedick and 4/4, 1930
15 Filed 4/4 1930 6 va Ohaffelian Registrar	Frank Stonester Budget me
lf more bianks are needed, addre.s State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary), accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1PLACE OF DEATH	STATE OF MARYLAND
	County (keyles	CERTIFICATE OF DEATH
	ON 10 Y	Registration Dist. No. 100
	Village or City Majerel Out (No.	St: Ward) (If death occurred in a hospital or institu-
Ilicaro	2FULL NAME Clear Ges 4,	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
	Meele dolide (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
0	June 12, 18318	19270 to 1920
	(Month) (Day) (Year)	that I fast saw h alive on 1900,
3	7 AGE	
0	yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	
3	(a) Trade, profession or particular kind of work	
: 1	(b) General nature of industry	and the state of t
0	business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory (De game for de
	10 NAME OF LOGICAL HELL	(Durstion) yrs mos ds,
5	FATHER Link Know	(Signed) M. D.
0	OF FATHER	192 / (Address) Death on In death from
1	OF FATHER (State or country) ADM / Crand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Went King	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER AC AC TOMAN	At place In the
	(State or Country)	of deathyrsmos,ds, Stateyrsmosds,
17	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informany to T, Cray Anns	Former or usual residence
	(mormany)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIALDA
	(Address) 5 8 8 Destylus (Washington D.C. Julys 8, 1930
	15 Filed July v 8 1930 m & Hayden Registrar	20 UNDERTAKER / Pa. Cove, h.W.
	V	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	by more Newson and Managed and the prints mediate	, (m)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octared 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1.

CORD

PLACE OF DEATH County Charles		10330 STATE OF MARYLAND CERTIFICATE OF DEATH
	ounty.	Registration Dist. No. 104
Vill	age or City Indian Head (No.	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
September 7 1930 (Month) (Day) (Year) 7 AGE If LESS than I day. 2 hrs.		and that death occurred on the dete stated above, at 7:30m.
) (e) bi w	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer) IRTHPLACE (State or country)	(Duration) yrs. mos. de. Contributory Secondary
Ng my televillener	10 NAME OF FATHER Charlie Sullivan	(Signed) Roger A. Nolan. M.D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Virginia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME Ellen Sullivan Herrican Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da.
14 T	CHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charlie Sullivan	Where was disease contracted, if not at place of death? Former or usual residence.
15 F	iled Soft 7 19230 H & Semmin Mos Registrar	19 PLACE OF BURIAL OR REMOVAL DOTE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DOTE OF BURIAL 20 TYPERTAKER ADDRESS FOR COSILI Sullongung M. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various parsuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered at Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womtired & yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in demestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully em-(a) Foremen. (b) Automobile factory. The material Whatever, write None. Statement of Occupation Precise statement of oc-For many occupations a single word or term on specially in industrial employments, it is neces-But in many

ed term for the same disease. Examples: Cerebrosph EASE CAUSING DEATH (the primary affection with resp Typhoid fever (never report "Typhoid pnenmental spinal meningitls"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accor-State meret of Cause of Death-Name, first, the bis ! pneumonia, Bronchopneumonia ("Pneumoni E CE

> use of "Tumor" for malignant neoplasms); Measles; inges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumenia stated unless important. Example: Meastes (disease Chronic interstitiat nephritis, etc. The contributory head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under "PUERPERAL schildaemia." "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping ment of cause of death approved by Committee on Examples: Nomenclature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid "Debility" cough; Acquental drowning; Struck by railway Chronic valvular heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-(second-(merely

the certificate is permanently filed. tions auswered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

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PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

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-				. 1	M	

	County	Registration Dist. No. 106		
Vi	llage or City Indian Head (No. ,,	St; Ward) (If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)		
===	DEDCONAL AND STATISTICAL DADTICH ADD			
3	PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Nov. 25 (Month) (Day) (Yea		
6 1	олте от вікти	17 I HEREBY CERTIFY, That I attended the deceased f		
7 A	(2014)	and that death occurred on the date stated above, at 9.40.p.n. The CAUSE OF DEATH & was as follows: Heart disease		
	b) General nature of industry pusiness, or establishment in which employed or (employer) HETHPLACE (State or country) Nova Scotia	Contributory Secondary		
	10 NAME OF FATHER Chaoman Swane	(Signed) (Duration) (Duration) (M. D		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Nova Scotia	Nov. 25 1930 (Address) Indian Head		
PAR	12 MAIDEN NAME OF MOTHER Hannah King	Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans		
0	13 ISIRTHPLACE OF MOTHER (State or country) Nova Scotia	ients, or Recent Residents) At place in the of death yrsmos da. State, yrs mos da		
14 '	(Informant). Charles H. Lwain	Where was disease contracted, if not at place of death?		
15	(Address) Andran Head Filed Mr 23 1930 / E Duning of Registrar	19 PLACE OF BURIAL OR REMOVAL STATE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaut, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary . may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many whatever, write None. tired 6 prs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinally fever (the only definite synonym is "Epidemie cercbrospinal meningitis"); Diphtheria (avold use of "Croup"); Spinal meningitis"); Diphtheria (avold pneumonia ("Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonarum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensymptomatie), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchorneumonia stated unlers important. Example: Measles (disease Chronic in eratitial nephcitis, etc. The contributory use of "Tumor" for malignant neoplasms): Mensics; quences (c. g., sepsis, telanus) may be stated under the and qualify as Accedental, suicidal, or Homicidal, of "Puerperal septicaemin" "Puerperal peritoritis," diseases resulting from childbirth or misearriage as can be ascertained :: the caure. Always qualify all "Uraemia," "Weeknes ." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions." ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and couse Poisoned by carbol's acid-probably suicide. The natrain-accident: Revolver around o' head-homicide; Examples: Accidental descending: Struck by rullicay as probably such, if impossible to determine definitely State cause for which surgical operation was under (secondary or intercurrent) affection need not be Whooping cough: (Thronic valvular heart discase; Nomenclature of the American Medical Association.) FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile." etc.) (Recommendations on state-"Coma," "Con-"Haemor-(merely (seeond-

If this certificate is 15 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REAU

V. S. No. 1

1PLACE OF DEATH	
County Charles	d.
Village or City Brysulow (No	
2FULL NAME Jane Elizabeth	£
PERSONAL AND STATISTICAL PARTICULARS	
France Wise Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16
6 DATE OF BIRTH	17
Opic (* , 1920 (Month) (Day) (Year)	th
7 AGE [If LESS than	an
37 yrs. 6 mos. 9 ds. or min.?	Th
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) Cheen los my	
11 BIRTHPLACE OF FATHER (State or country) Che. Coo Zuy	(Si
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 At of
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
(Informant) French Services	For usu
(Address) Bry auton my	20
15 Filed 4/12 1930 6 12 Chappellar	1

STATE OF MARYLAND 04199 CERTIFICATE OF DEATH



Registration Dist. No.

St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	F DEATH
16 DATE OF DEATH	-
***************************************	, 1930
apric (Month)	(Day) / O (Year)
17 I HEREBY CERTIFY, That I atte	
april 8 1920 to ap	e /0 , 1925 ,
that I last saw her alive on of	
and that death occurred on the date stated	above, at 9am.
The CAUSE OF DEATH * was as follows:	
Uremea	
0.0000000000000000000000000000000000000	•
	yrsmos2de.
Contributory abotter	
Secondary	yrsmos2ds.
Ouration)	yrsmosZQs.
(Signed) Horn 6 - Chype	M. D.
Ofice 11 1980 (Address) Hay	have they
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
ients or Recent Residents)	
At place In the of deathyrsmosds.	yrsmosds.
Where was disease contracted, if not at place of death?	·····
Former or usual residence	\$6 am 0 0 4 5 4 7 8 8 7 7 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
3 - 0	01.

ADDRESS

Iday Like Zay

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EACL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED	INLY WITH UNFADING INKTHIS	Every item of information should be carefully supplied CIANS should state CAUSE OF DEATH in plain terms statement of OCCUP. ON Is very Important. See inst
1	WE TE INLY	NS should state tement of OCCUP
		Eve CI,

	PLACE OF DEATH
C	ounty Charles
Co	ounty
	0
Villa	ge or City Byacelown (No.
	2 FULL NAME lugares ching of For
	PERSONAL AND STATISTICAL PARTICULARS
3 SE	WIDOWED.
-	TE OF BIRTH
	(Month) (Day) (Year)
7 AG	Sleen bonn I day hrs.
	yrsds. ormin.?
B OC	CUPATION Trade, profession or
par	ticular kind of work
(b)	General nature of industry
	iness, or establishment in ich employed or (employer)
9 BIF	RTHPLACE (State or country) Change Law
-	IO NAME OF
	FATHER frank Levaner
ις 1	BIRTHPLACE
L'Z	(State or country) bhe . (
国 —	12 MAIDEN NAME
4	OF MOTHER Jan Bench
۵	3 BIRTHPLACE
	OF MOTHER (State or Country) Church Las . Tung
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Frank Devan
	(Address) Bryance Zug
15 F	Filed 4/8 1930 Eva Theplelon

04200

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

NAME Enjant Ching of Fo	St.: Ward) St.: Ward) A hospital or Institution, give Its NAME II- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Opin 8 , 1930 (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925. to Charles 1920, that I last saw halive on Steel form, 192, and that death occurred on the date stated above, at
yrsds. I dayhrs. ormin.}	
of work re of industry blishment in or (employer)	Contributory ausmil in high
French sevann	(Signed) Xoury to the M.D. (S
Jame James James Semet	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos de.
French Devan	Where was disease contracted, if not at place of death? Former or usual residence
1920 Eva Phoffelear Registrar	Danfactour Ch Coper , 1970 20 UNDERTAKER Swarm Brigantour
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1//

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(Approved by U. S. Census and American Public Health Association.)

laborer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on yrs). who are engaged in the duties of the For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underperilonaeum, etc., interstitial nephritis, Committee on Nomenclature of the Chronic valvular heart disease; Carcinoma, Sarcoma, etc. The contributory etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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The state of the s

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the distase causing meatil, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill, L(a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various purguits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Womduties of the The material But in many

Statement of Cause of Death—Name, first, the pris-EASE CAUSINO DEATH (the primary affection with despect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nome stated unless important. head of ment of cause of death approved by Committee on quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or itomicidal, or State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age, "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inging peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menvulsious," (secondary or intercurrent) affection need not be Whooping cough; Chronic valbular heart discase; pelature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Exhaustion," "Heart "Debility" ("Congenital," "Senile," ctc.), Never report mere symptoms or Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Mcastcs (disease failure." Always qualify all The contributory "Haemor-The na-Measles; (second-(mercly terminal "Con-

If certificate is looked over thoroughly and all questions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	10331 STATE OF MARYLAND
County Dharles	CERTIFICATE OF DEATH
Village Alighesuella.	Registration Dist. No. / St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME In
2FULL NAME LEWIS &	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the workershop)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Pay) (Yest)	that I last saw halive on, 192
7 AGE If LESS than 1 day hrs. O yrs. // mos. // ds. or min.?	
e occupation (a) Trade, profession or particular kind of work	Alleralitis
(b) General nature of industry business, or establishment in which employed or (employer)	Ouration)yrsmos
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF Brithur Thank	(Signed) American M. D
of father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME	Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
of MOTHER DEMONDS BUTE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Leongo Johnson	usual residence
(Address) Nieg Leowille M	Brankson Commeter 9-18, 1930
15 Filed 9/18 19230 Eva Chappelear	20 UN DERTAKER ADDRESS When the second secon
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ro. 1.
	Mas

turilean rame

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-, ,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman, (b) For persons who have no occupation Automobile factory. The materia Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary). stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Example: Measles (disease valvular heart disease etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH
County Charles
Village or City Dentsville (No
PERSONAL AND STATISTICAL PARTICULARS
Jemale Black Single, Midowth. Wildowed, Widowth. (Write the word)
6 DATE OF BIRTH
(Month) (Day) (Year)
7 AGE [If LESS than a day hrs. T ds. or min.?]
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country) Charles Co
10 NAME OF POINT RNOW
USTATE (State or country) Chara Co
13 BIRTHPLACE OF MOTHER (State or country) Dent Renew
(Informant) Twomais Homos
(Address) Dentsville mo

04202 STATE

MEDICAL CE

DATE OF DEATH

St.:

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

Ward)	(If death a hospitul tion, give i stend of number.)	ts NAM	E in-
RTIFICATE O	F DEATH		
			-

-(Day) (Month)-I HEREBY CERTIFY, That I attended the deceased from nd that death occured on the date stated above, at Contributory Secondary 920. (Address) *State the Disrase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the t place yrs...... mos......ds. death. State yrs mos Where was disease contracted, not at place of death?..... sual residence. DATE OF BURIAL BURIAL OR REMOVAL

If mere blanks are needed, addross State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1

Registrai

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) I'nysician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager." "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Duy For persons who have no occupation otton mill; (a) Salesman, (b) (b) Automobile factory. The -Coal mine, etc. Wom-The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Croup"); Spinal meningitis"); Diphilleria (avoid use of "Croup"); Indian pneumonia. Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., 80/808) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway trein (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary Chronic valeular etc. Nomenclature The contributory heart disease ; death

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' PLACE OF DEATH	05466 STATE OF MARYLAND
Charles	CERTIFICATE OF DEATH
County County	S CERTIFICATE OF DEATH
7 11 . 2	Registration Dist. No.
Village or City Talk (No	St; Ward) [If death occurred in
1	A hospital or institution, give its NAME instead
2 FULL NAME Sull home	formula of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE,	16 DATE OF OEATH
A MIDOWED OR OLVORCED	, 1980
(Write the word)	(Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	,191 to
5-17-193	
(Month) (Day) (Year) 7 AGE If LESS tha	
1 day, hrs	mid that death occurred on the date stated above; at
yrs, mos. ds, OR min.?	The Caller of Bearly &
8 OCCUPATION	
(a) Trado, profession, or particular kind of work	3
(b) General nature of industry	***************************************
business, or establishment in which employed (or employer)	(Duration) yrs. mas ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
And.	
10 NAME OF P	(Duration) yrs. mos. do.
o down Ihomas	(Signed) , N. B.
11 BIRTHPLACE OF FATHER (State or country)	3 17 - 1313 (Address) / Surpide
(State or country)	State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of Mother Att. Thomas	SUICIDAL OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contracted,
e 00 · 21	If not at place of death?
(Informant) Eddu Thrunc	usual rasidence
(Address) To Alk	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	- Chinal - Barder When 4 - 17 1630
Filed 5-17- 19130 0 P. Ale don	20 UNDERTAKER ADDRESS
REGISTRAR	Eddin From the 10
If more blanks are peeded, address State Registrar	. 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill, (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Lecomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfull'oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the printary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage etc., when a definite disease can be ascertained as the genital," "Anacraia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conbirth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Huemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Never rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valuatar heart disease; Chronic interstitial gcs, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train—accident; Revolver wound of "Old Age," "Shoek," "Uraemia," "Weakness, The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which "Exhaustion, report mere

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V. S. No. 1

N. B

Exact

PLACE OF DEATH County Charles Wear II. P. O.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 100			
Village or City MC Couchie (No. 2FULL NAME Elizabeth Bea	St.: Ward) St.: Ward) A conspiration of institu- tion, give its NAME is stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (March 2, 1930 (Month) (Day) (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from Dean 1939, to 1939,			
(Month) (Day) (Year) 7 AGE Closed If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 8100 9 m. The CAUSE OF DEATH * was as follows:			
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	(Juliuonery Juleralas.			
business, or establishment in which employed or (employer)	(Durstion)yrs,ds.			
9 BIRTHPLACE (State or country) Chas. be MI	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address)			
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Pisease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) M. S. Conschie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds.			
(Informant) Poly Davoy (Address) for Datacker	Where was disease contracted, if not at place of death? Former or usual residence PLACE OF BURIAL OR RIMOVAL PATE OF BURIAL ONCLUE PEMELERY MEL 47, 1900.			
15 Fled av 32 30 felicin V. Posey Registrar	May Lef Penn Jullate.			
If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As, examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed 6 Gracery,

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discree. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Sanile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease etc. The contributory of the

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. EXACTLY & classifie (If death occurred in Ward) Village or a hospital or institu-tion, give its NAME in-stend of street and number.) prope state PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. PERMANEN 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED be BINDING WIDOWED may be OR DIVORCED (Write the word) (Month) (Day) ehouid I HEREBY CERTIFY. That I attended the deceased from 8 DATE OF BIRTH it instructions that tel (Month) FOR IIf LESS than 7 AGE and that death occurred on the date stated above, at. 80 THE CAUSE OF DEATH & I day hrs. THIS terms RESERVED min.? or B OCCUPATION See (a) Trade, profession or particular kind of work UNFADING INK plai (b) General nature of industry important. business, or establishment in 2 which employed or (employer) be car MARGIN 9 BIRTHPLACE (State or country 70 10 NAME OF (Saned) FATHER b. Shot 1920 (Address) Q. 11 BIRTHPLACE S deaths from OF FATHER l'iscase Causing Death, or, In *State the FNE S Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 20 12 MAIDEN NAM DC. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform etate ients r Recent Residents) 0 13 BIRTHPLACE In the At place OF MOTHER State. vrs.....ds. of deat (State or country) Ö Where was disease contracted, ਹ if not at place of des.h?. shoul 10 14 THE ABOVE AS Former or statement useral residence EVERY Registra If more banks are needed, address State Registrar, 16 W. Saratoga St., Baito., Kequesting V. S. No. 1.

(Year)

(Approved by U. S. Census and American Public Health Association.)

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approved by American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease causing death), 29 ds.; Bre chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Committee on Nomenclature Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

ż

	PLACE OF DEATH	10332 STATE OF MARYLAND
	County Shandan	CERTIFICATE OF DEATH
	v na ben'i na njegoji na nina biri bira *** *** *** ^(M) Aprili a njeh rika na na	Registration Dist. No. 10 3
	Olalt	Registration Dist. No.
V	illage or City 2 (No	Sta: Ward) (If death occurred in a hospital or institu-
	0t.00 B	tion, give its NAME in stead of street and
	2FULL NAME Still I do	andhompan number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	WIDOWED. OR DIVORCED	3 AC , 192-D
1	(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	286, 1930	, 192, 192,
	(Month) (Day) (Year)	that I last saw halive on, 192,
7	AGE [If LESS than	and that death occurred on the date stated above, atm,
	I dayhrs.	The CAUSE OF DEATH * was as follows:
	wrs. mos. ds. or min.?	· · · · · · · · · · · · · · · · · · ·
1	occupation (a) Trade, profession or	h P
1	particular kind of work	Still / Lorn
	(b) General nature of industry business, or establishment in	
-	which employed or (employer)	(Duration)yrsmosds.
9	BIRTHPLACE A	Contributory
	(State or country)	(Durstion) yrs de.
1-	10 NAME OF	1110681,98
	FATHER and Showlaws	(Signed) M.D.
S	11 BIRTHPLACE	3 1 192 (Address) Fell Clitton
I Z	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
N N	12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
A		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Schol. be	of deathyrsds. Stateyrsds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	0 171	Former or usual residence
	(Informant) faul Thompson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Belalton	at Is part altan
-		20 UNDERTAKER ADDRESS
12	Filed 1/20 7192 1 Chas Of Roby	20 UNDERTAKER ABDRESS
_	Registrat	Paul thomps acl Belleton
-	If more branks are needed, address tate Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
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If more blanks are needed address State Registry 16 W Saratogs St., Balto., Requesting

DEC 6 1930 BUREAU V.S.

V. S. No. 1

		1,100,000,000,000	02871	
		PLACE OF DEATH	STATE OF MARYLAND	
	(Count Marles	CERTIFICATE OF DEATH	
		Con	Registration Dist. No.	
v	Vill	age or City Sepmont (No.	St.: Ward) (If death occurred in a hospital or institu-	
псате.		2FULL NAME Charles Julie	Jollefelu and number.)	
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CK OT C	35	Married, Widowed. On the Widowed. On Divorced (Write the word)	16 DATE OF DEATH dead Mar - 2/, 19830 (Month) (Day) (Year)	
Ω	6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from	
8 0		May 8 , 1866		
0		(Month) (Day) (Year)	that I last saw halive on, 192,	
101	7 A		and that death occurred on the date stated above, at	
311		63 10 13 day hrs.	The CAUSE OF DEATH * was as follows:	
2		yrs. / o mos. / de. or min.?	Mot wound in hear are	
99	8 O	Trade, profession or lettres C.P.O. 4.S.N.	thrown in Volomas tiple	
0			by some person and pelisons	
-	(b) General nature of industry siness, or establishment in	approved to Jung also date	
rtan	W	hich employed or (employer)	(Duffion)vrsds.	
bo	9 B	IRTHPLACE CO	Contributory Secondary	
=		(State or country) Howay	(Durstion), yrsmosds,	
7		10 NAME OF SO ID	(Signed) L. G. de Thurry M. D.	
ΑΘ		FATHER // Known	192 (Address) act Carones	
8	S	OF FATHER ON D		
2	Z	(State or country) / Of Known	*State the l'is-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homieldal.	
	R	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
1	PA	1/01 100000	ients or Recent Residents)	
3	1	OF MOTHER ON N	At place of death yrs mos. ds. In the State yrs ds. ds.	
	- 1	(State or Country) / Of Moron	Where was disease contracted,	
14 TH		HE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
וים		The Jolles	Former or usual residence	
me		(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
916		(Address) 3 V	arlengter Cem. HA & Mar 24,103	
20	15	3/2 Hoolington D	20 UNDERTAKER ADDRESS & S.E.	
		Filed 23 99 That Registral	N. M. Page gett 181 1	
	-	If more branks are needed, address State Registral	16 W Saratora SO ROVO. Requesting V. S. No. 1.	
		It more planks are needed, address clate negistral	, to it. Smartega set segment, requesting	

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken whatever, write None. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlluria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic etc. valvular heart discase; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(1) Z

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Coun	'PLACE OF DEATH County Charles		0850	STATE OF MAI CERTIFICATE O	F DEATH	
VIIIag	Village or City La Plata (No. ,,				St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATIS	TICAL PARTICU	LARS	м	EDICAL CERTIFICATE O	F DEATH
3 SE		MARRIED, WIDOWED OR DIVORCED (Write the word)	Married	18 DATE OF DEA	July 31st (Month)	(Day) , 1950
	Unknown (Day) (Year)			Saw him after death. 191 , to		, 191
7 AG	7 AGE If LESS than 1 day, hrs. OR min.?		1 day, hrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Gun shot - suicide		
O bos	10	lson yland		(Signed) July 31	(Buration) Py Same (Buration) (Buration)	dorf, Md.
Ida Cole Ida Cole Is BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. George Tolson			on RECENT AE At place 1110 of desth yrs. Where was disease of if not at place of da former or asual residence	TIME in the state. State. ontracted.	NSTITUTIONS, TRANSIENTS yrs	
15 File		Allian V	Posey REGISTRARY	20 UNDERTAKE	my Luade	DATE OF BURIAL QUE (10). 1030'. ADDRESS Liegherrille
11	If more blanks	are needed, address i	State Registrar.	16 W. Saratoga St.,	Balto., Requesting V. S. No. i	V

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form laborer, Luborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used engineer, Stationary firemon, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, business or industry, and especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Collon therefore an additional line At home. Care should be If retired from (b) Auto-("anil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as heod-homicide; Poisoned surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal scptichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," chopneumonia (seeondary), 10 ds. cause. "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronic volvular heart disease; Chronic interstitiai "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senilc," etc.), by carbolic ocid-probably "Dropsy," "Exhaustion," Never ACCIDENTAL, report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1	Statement of
	RECORD	Ssified. Exact
BNOING	A PERMANENT	should be stated be properly cla
FOR	THIS IS	t it may
RESERVED	UNFADING INK-T	e carefully supplied plain terms, so that See Instructions or
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY WITH UNFADING INK -THIS IS A PERMANENT RECORD	should state CAUSE OF TH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See Instructions on both society classified.
Ž	M	d state (
V. S. No. 1.	1 0	shoul OCCL

PLACE OF DEATH	13727 STATE OF MARYLAND
Y County Charles	CERTIFICATE OF DEATH
	(188-6)
Village or City Mason Strains (No	Registration Dist. No.
FULL NAME Charles Lee	St.; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH M
Married, Married, Widowed on Divorced (Wrise the word)	(Month) (Dey) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
Oat 15 190:	, 191, to, 191,
7 AGE (Month) (Day) Year)	that I last saw h alive on , 191 , 191
1 day, hrs	and that death occurred on the date stated above, atm,
yrs, mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or souly man	1
(b) General nature at Industry	Epleator a organe, untrion
business, or establishment in which employed (or employer)	L. D. Denvation Three Whose
BIRTHPLACE (State or country)	Contributory acting Coronals
ches co Mid	Secondary
10 NAME OF FATHER	(Bigned) yes bes ds.
M "BIRTHPLACE	
BIRTHPLACE OF FATHER (State or country) Chas. Co. Md	*State the Li-ease Causing Drath, or, in deaths from Violent Causes, state (1) Mans of Injury; and (2) whether Accidental,
T 12 MAIDEN NAME OF MOTHER	100000
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Chas. Co. Com	At place in the of death yra. mos ds. Stateyra. mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted. If not at place of death?
(lotormant) Jaseph Tetracks	Former or wassi rasidence
(Address Indian Head my	19
16	6
FHOO 15-39 193 0191 Awal lo loling	20 UNDERTAKER ADDRESS
A REGISTRAR	John J. Brens Paris M.
If more blanks are needed, address State Registrar.	16 W. Saratoga St. Ralto Requesting V. S. N.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

Example: Measles (disease eausing death), 29 ds.; Bronchonneumonia (secondary), 10 ds. Never report mere rough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum. etc., Carcinoma, Sarcoma, etc., of..... genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; "Old Age," "Shock," "Uraemia," "Weakness, (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion," carbolic acid-probably "Atrophy," ("Con-

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N. B

1 _{PL}	ACE	OF	DEATH		
County.	C	ka	eles	/	
	:				

10333

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 106

V	2FULL NAME Baly Travers	(still town) St.: Ward) (still town) St.: Ward) (by the content of the conten
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 19.30 (Month) (Day) (Year)
8	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Sept. 19 , 1920 (Month) (Bay) (Year)	192, 192, that I last saw halive on, 192,
7	AGE premature hith If LESS than I day	and that death occurred on the date stated above, at
	yrsds. ormin.?	Still-born
	occupation (a) Trade, profession or particular kind of work	
	b) General nature of industry ousiness, or establishment in which employed or (employer)	(Duration)yrsmosds.
9	BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Trapple & Fravers		(Signed) (Address) (Signed) (Address) (Durstion) (Signed) (Durstion) (Durstio
ENTE	OF FATHER (State or country) markery md.	*State the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Hamah & cilia Shelton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country) marbury, ml.	At place of deathyrs,mosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF KY KNOWLEDGE	if not at place of dea.h?
	(Informant)	Former or usual residence
-	(Address)	Sep. 19, 19 3c
15	Filed Sep. 19 19230 J.E. Dumington Registrar	John Brown Pomonkey
- 1	If more banks are needed, addre, s tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Hausemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile fuctory. The material worked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman, (6) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosponal fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinama, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Mcasles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Example: Measles (disease etc. The contributory " "Convulsions,

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	1 PLACE OF DEATH	STATE OF MARYLAND
Put o	County Charles	CERTIFICATE OF DEATH
YSIC		Registration Dist. No. 105
CTLY. PHY	Village or City Saldof (No	St.; Ward) [If death occorred in a hospital or institution, agive its NAME instead of street and number.]
EXAC Siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated	male While Single MARRIED, Married Willower OR OIVORCED (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
AGE should be strift may be properly back of certificate.	TAGE TAGE TO ATE OF BIRTH Month) (Day) (Year) (Year) (Year) (A 2) (Day) (Day) (Year) (A 2)	that I last saw ham alive on fund 1900, 1915, 19
INK-TH upplied. so that	OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Cardilia
NFADING arefully su ain terms, e Instructi	business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory of sights Disage
Should be cant Se	OF FATHER Peter & Troller, BIRTHPLACE OF FATHER (State or country) & Cotland 12 MAIDEN NAME	(Signed) J. O. M. D. Carlien V. D. J. 181 & O. (Address) M. O. M. S. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injun; and (2) whether Accidental,
information AUSE OF P	of MOTHER Harrill Mialem 13 BIRTHPLACE OF MOTHER (State or country) England	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the of deelh
Fvery Item of initial should state CAU	(Informant) Sery Swann	If not al place of death? Former er esuel residence
B.—Every should	(Address) Macclory 18 Filed luce 15,30 luce 2 thours.	Punce of Burial or REMOVAL Auto of Burial or REMOVAL AUTO JUNE 120 20 UNDERTAKER AODRESS
z	"f more blanks are needed, address State Registrar, 1	& W. Saratogs St., Balto, Requesting V. S. No. I.

BINDING

FOR

MARGIN RESERVED

Approved by U. S. Census and American Public Health
Association.

write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement, it should be used know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanús) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "PUERPERAL peritonitis," etc. birth or miscarriage "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for unlignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railway train-accident; Revolver as "Puerperal septichaemia," Examples: Accidental drowning, State cause for which Never report mere "Exhaustion, wound of

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V. S. No. 1

PLACE OF DEATH	10334 STATE OF MARYLAND
County Cheerles	CERTIFICATE OF DEATH
00	Registration Dist. No. 10 3
Village or City Dafes Cased (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Cartley C	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE OR DIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day)' (Year)
6 DATE OF BIRTH Are 151, 1928	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h S alive on 192
yrs. 9 mos. 22 ds. or min.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Isekrouler mennights
(b) General nature of industry business, or establishment in	A A A A A A A A A A A A A A A A A A A
which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Clear Cn.	Contributory Secondary Secondary Ourselon) yes mos ds,
10 NAME OF James S. Census	(Signed) M. D.
IN 11 BIRTHPLACE	Sep 1920 Madress) 1 Fel Collin Men
OF FATHER Z (State or country)	*State the Fisense Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary & Logo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cleans Ch	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) James S. T. James	Former or usual residence
(Address) Office Crack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 PLACE
Filed Laft 7 1920 Bho? Of Roby Registrat	20 UNDERTAKER COCHT ADDRESS Page 18 Zutant Page 18 18 18 18 18 18 18 18 18 18 18 18 18
If were honder are needed added a total Parieta	16 W Saratora St. Balta Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. (Recommendations on statement of cause of death "telanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart not be disease;

8. No. 1

PLACE OF DEATH County Cleartes	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 103
Village or City Just (No	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Weeler 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1926 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920, to 1820, that I last saw h & alive on 1920,
7 AGE If LESS than I day hrs or min.	. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. D.ds. Contributory Julyanula yrs. 22.
10 NAME OF FATHER Church of FATHER (State or country) Cleans Cv	(Signed) Duration) yrs mos. 3 ds. (Signed) M. D. State the Disease Causing Death, or, in deaths from Villent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Merry L, Light 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(Informant) (Address) (Address) Filed Afra 19 1930 Charles Of Boths.	Former or usual residence
Registrar	John Day oct/ Toper breek

If more blanks are needed, addre.s State Registral, 16 W. Saratoga Sti, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coat mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular Always qualify all heart disease ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1073
Village or City open treekno. 2FULL NAME mary Elea	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Huale Colored Single, Marries OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 27, 1930 (Month) (Day) (Year)
Lort Know, 1900 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Leh 20 1930, to Leh 25 , 1920, that I last saw h 25 alive on Leh 25 , 1920,
7 AGE 30 yrsds. If LESS than I dayhrs. ormin.;	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Pulliconic type) (Durstion) (re. mos. ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Charles Co.,	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER CUEBSter Diggs.	(Signed) James & Rolau M. D. Felf 27.1820 (Address) La Plata Md
OF FATHER (State or country) Charles Co,	*State the Disease Causing Death, •r, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary He Swelly 13 BIRTHPLACE OF MOTHER (State or country) Charles CO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Charles Com S	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL hew with the mark 1, 1920
15 Filed Feb 28, 1980 Char Of Proling	20 UNDERTAKER Roby Belallon
If more banks are needed, address state Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, culness of various pursuits can be known. The queswhatever, write Nouc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screunt, Cook ployed. us Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons en-For many occupations a Farm laborer. (b) Cotton mill: (a) that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman. single word or term on (6) Grocery,

Structure: t of Cause of Death—Name, first, the Disease Constitute of Cause of Death—Name, first, the Disease Constitute and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sanile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepeis, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	ANS		PLACE OF DEATH County Carles	STATE OF MARYLAND CERTIFICATE OF DEATH
	PHYSIC!		Village or City Indian Head (NM)	Registration Dist. No. 106
8	ACTLY ed. Exa		: 2 FULL NAME Wille Vei	a hospital or institution, give its NAME instead of street and number.
	REC EX/ sifie		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ø	ated clas		Mall Color or RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
ZOZ	pERMANI uld be st properly		6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
É	A P P Shou		(Month) (Day) (Year)	that I last saw h alive on
I	GE s may		7 AGE If LESS thau 1 day, hrs.	and that death occurred on the date stated above, at
F	HIS tr A		yrs, mos os or min.?	The CAUSE OF DEATH * was as follows:
D	Pplied so that on ons on		(a) Trade, profession, or particular kind of work	Jon 455 Sarpars
>	NG TAS, ucti	1	(b) General nature of industry business, or establishment in which employed (or employer)	Indian Dead (Burellon) or 1 mos
FI N	UNFADIN carefull fain ter		BIRTHPLACE State or country Statle, Law.	contributory & Lade This secondary
Z	HTH I		10 NAME OF POULES VILLOW	(Burstion)
0	MLY. W		11 BIRTHPLACE OF FATHER (State of gountry) M 12 MAIDEN NAME	*State he Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental,
Σ	E OF		d OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)
P	NACS	1	OF MOTHER (State or country) Max Ruown	At place in the of doubt yrs. mes ds. State, yre mas ds. Where was disease contracted.
•	item of state (PATIO		(Informant) Allo Way Word	If not at place of death?
	Every its		(Address) Fullow Head My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
No. 1.	8.—Ev	10	11/4 . Ved	29 UNDERTAKEN ADDRESS
7. 8.	7		REGISTRAR	M.K. Jaker Wash DC

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Doy laborer, Form loborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cures, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Pronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. sough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Carecer" is less definite; avoid use of ges, peritonoeum, etc., Carcinoma, Sorcoma, etc., of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, rent) affection need not be stated unless important. Struck by railwoy train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by on Nomenclature of the American Medical Association.) The contributory (secondary or intereurcarbolic acid-probably "Exhaustion," ACCIDENTAL,

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Charles Village or City Number (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 - / - , 193 U
(Month) (Day) (Year)	(Month) (Day) (Year)
AGE If LESS than day hrs. day hrs. day or min.	and that death occurred on the date stated above, at 180 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	ceck of by list of coops by you of mos do.
10 NAME OF FATHER PLYM Vincent 11 BIRTHPLACE OF FATHER (State or country) 12 State or country)	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted.
(Informant) (Address) (Address)	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Shiph and a 2 7, 19 3 4 20 NNDERTAKER ADDRESS
Filed 3 -1 - 1980 J. Loffigher	Br. N. Shak namerila

if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at Mome, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g.. Farmer or Plunter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on or Al Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., ot as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicucamia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar: or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report merc symptoms or terminal condi name origin; "Cancer" is less definite; avoid Chronic valvulor heart disease, etc. The contributory

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V. S. No. 1

	14909
PLACE OF DEATH	STATE OF MARYLAND
County. County	CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City Co. O Cerr 2FULL NAME See See See See See See See See See Se	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 12/19, 1926
6 DATE OF BIRTH	17 VHEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw by later 100 12/19, 1973,
7 AGE If LESS than I day hrs. mos. ds. or min.?	
PROCCUPATION	
(a) Trade, profession or Sufface (b) particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Ill of Eller The
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs
10 NAME OF STATE OF COLE	(Signed) A Chappeles M. D.
11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER OLLER FORM	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Vreica Freofices	usual residence
(Address) lucleofu ded	Affelion Ch /2/20, /3;
15 Filed / 2/20/30192 Circ / Ohappelear/ Registrar	Les La Chalcale un
/If more bianks are needed, address State Registra	r, 16 W Saratoga St., Bolto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospind Str tement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same accent-CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) valvular heart disease; affection need etc. The contributory not be

JH this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer Tre or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Foreman, Q. For many occupations a single word or term on yrs,. Farm laborer, (b) Collon mill; (a) Salesman. (b) At Home, and children, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Loborer--Cool mine, etc. not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the bis-EA.:: (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age, " "Shock, Committee on Nomenclature Chronic valvular heart disease; statement of cause of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLA	CE OF	DEAT	H
County	ho	er	les

STATE OF MARYLAND CERTIFICATE OF DEATH

Henry Wallace seting Spring Hill W

66649

n or or	Registration Dist. No. 10 d
Village or City Bellelon 1400	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Prefant Wal	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Juneo 6 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work	StillBoon
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) Pharles Co Ind	Contributory Secondary (Duration)ds.
10 NAME OF Sam. Wills	(Signed) My Hayden Down
OF FATHER (State or country) Charles Co Wid	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Edith Wallace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charles & Med	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Curanela Sewell	Former or usual residence
(Address) Spring Hell Tud	af Home means for Kill Jane 7, 1830
15 1 7 lad the tale don	20 UNDERTAKER DDRESS

If more blanks are needed, address tate Registrar, 16 W. Sarstoga St., Balto., Requesting Y.S. No. 1.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, etc. The contributory Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart disease; Nomenclature

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

V. S. No. 1

Xaot

1PLACE OF DEATH	STATE OF MARYLAND
County Charles	115469 CERTIFICATE OF DEATH
	Registration Dist. No. 100
Village or City hear Welcom? (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME De Sales Warren	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Wonth), 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
$ \begin{array}{c c} \text{Mou} & / & / & / & / & / & / & / & / & / & $	192, to
7 AGE yrsmosds. If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	neak Strie But
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrsmosds.
9 BIRTHPLACE (State or country) Charles Co	Contributory Secondary (Duration) yrs
10 NAME OF Harry Warren	(Signed) & Illian Mosey, Register D. May 5" 13 d (Address) La Pflata My-
OF FATHER (State or country) Chao Co md,	*Stree the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vola Brucol	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, Recent Residents)
OF MOTHER (State or country) Ches Co Ind	At place of dea' yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) Wolcom my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 6 4, 1930
15 Filed May 5 4 19230 Lillian Pose, Registral	Harry Warren Liplanne
If more banks are needed, address Ltate Registran	r, 16 W. Saratoga St., Balto., Requesting V. S. No. Jellen Ind

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The questired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro :hopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

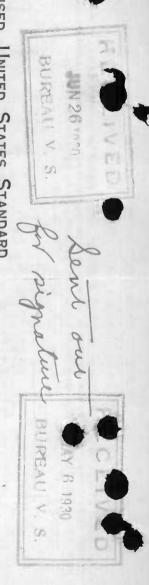
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	1PLACE	OF DEATH				6
	County	Char	les		aquid	(5
Vil		Near We				orn Warr
	PERSON	IAL AND ST	ATIST	ICAL I	PARTICU	LARS
3 5	Male	4 COLOR OF		MAR	RIED.	Single
6 0	ATE OF BIR		7.07			
		***************************************	May	lst	***********************	, 1930
Sanding and			(Month)	(Day)	(Year)
7 A	• • • •	yrs.	• •	mos	• • • d•.	If LESS than a land land land land land land land
p (l b w	usiness, or es	ature of industablishment i	n er)	J		-
	10 NAME O	Un			., Md	
RENTS	OF FATH (State or	country) C	has.	Co.	, Md.	
PAR	12 MAIDEN OF MOTH	ER Viola	Bri	scoe		1
	13 BIRTHPL OF MOTH (State or	ER Cha		0.		
14	(Informant)	s true to t	rry	Wa Dais	VILAY COO	Jahn !
	(Addr	ess) Wel	come	. M	d.	
15	Filed way	2 1921	0 L	illi	an V.	Rosey

05470	STATE	OF N	MARY	LAND
(CERTIFIC	CATE	OF	DEAT

Registration Dist. No.

ren (Twin)	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	+ 70
May 1s	it , 1:30
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	16
	, 192,
that I last saw halive on	, 192,
and that death occurred on the date state	d above, atm.
The CAUSE OF DEATH * was as follows:	
Stillborn	
001110011	
***************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Durstion)	yrsmosds.
ContributorySecondary	
(Signed) 1923 (Address) 2 (Signed) 1923 (Address) 2 (Signed) 2 (Si	Plata md.
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hosp	nitale Institutions Transc
ients or Recent Residents)	arrange and a series
At place in the of deathyrs	ne ateyrsmesds.
Where was disesse contracted, if not at place of death?	
Former or usual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Zion Baptist Hill	Top 5-3 , 1930_
20 UNDERTAKER	ADDRESS
Harry Warren (Father	Welcome, Md.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The inaterial For persons who have no occupation Laborer-Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Exhaustion," "Heart Innue, "Old Age," "Shock," (secondary or intercurrent) affection need not be approved by Committee on as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 26 1930

PLACE OF DEATH	STATE OF MARYLAND
County Elearles	CERTIFICATE OF DEATH
	Registration Dist. No. 112
Village or Cilliureide (No	(16 Joseph commend in
Village or City Work (No.	St.: Ward) a hospital or institu- tion, give its NAME in-
25111 NAME Clieralette Was	eliniation stead of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Black Single, MARRIED. MARRIED. WIDOWED MANUAL OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1930 (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
Mart 17 1978	-VW, 18 1950 to VWV, 27, 1920
(Month) (Day) (Year)	that I last saw her alive on Mer. 27, 1927 0
7 AGE	
52yrs. 6 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Parter debie 11 + W
(a) Trade, profession or	Corolla Hostase Irude 4/
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)wis, mosds,
hich employed or (employer)	Contributory
(State or country) Charles Co. And.	Secondary (Durstion)dsds.
10 NAME OF Muses Johnson	(Signed) Gev. & Bicknell, M. D.
	Mov. 281930 (Address) Markery Mid
of FATHER (State or country) St. Marye Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	
of MOTHER Jucenda Henson	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Pleases Co. Med	At place In the State yrs mos ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
(Informant) Viler. Washinglere	usual residence
(Address) Pinneigh, And.	Wangemay Mul Mari 29, 1930.
File MOV 2-9 1930 John J. Malf of Registrar	for lenny Huam Skge Md.
If more bianks are needed, address State Registra	r, 46 W. Saratoga St., Balto. Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

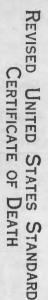
Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from work, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on be used only when needed. As examples: (a) Farm laborer, (b) Cotton mill; (a) Salesman, compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal minc, etc. not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (c. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely.symptomcausing death), 29 ds.; L. stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," (secondary 'Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by cough; or intercurrent) affection need not be Committee on Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. valvular heart disease; Nomenclature Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If deeth occurred in Ward) a hospital or institution, give its NAME is - steed of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWED. OR DIVORCED D (Write the word) 6 DATE OF BIRTH Celan I HEREBY CERTIFY, That I attended the decessed from rms so that instructions ш (Day) (Month) 7 AGE (clow) If LESS than and that death occurred on the date stated above, at 3 30 polied. I day hrs. The CAUSE OF DEATH * wes as follows: ESERVED ds. or min.? BIOCCUPATION (a) Trade, profession or articular kind of work refully pla (b) General nature of industry business, or establishment in 1 which employed or (employer) Ca MARGIN 9 BIRTHPLACE Secondary (State or country) D W OF 10 NAME OF (Signed) 31 00 II BIRTHPLACE on tel OF FATHER COZ AUS the Disease Causing Death, or, in deaths from RENT state (1) Means of Injury and (2) Whether (State or country) Violent Causes, Accidental, Suicidal or Homicidal. 12 MAIDEN NAMEC 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-OF MOTHER PA State lents or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or Country 00 Where was disease contracted, if not at place of dee.h? Every Item CIANS sho statement Former or usual residence DATE OF BURIA (Address Registrar If more beenks are needed, addre.s Etate Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Narasmus," "Old Age," "Shock," approved by Committee on tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic etc. valvular heart disease; Nomenclature The contributory

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PLACE OF DEATH County Village or City Village or City Village or City Village or City (No. St.; Ward) (If death necurred in a hospital or institution, give its NAME in stread on stread on stread on stread on stread on stread on number.) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGTS, NAME in Stread on number.) (Write the word) 6 DATE OF BIRTH If LESS than in day. (Month) (Day) (Year) 17 AGE If LESS than in day. The CAUSE OF DEATH is was as follows: OCCUPATION (a) Trace, profession or particular kind of work. (b) General nature of industry business, or establishment in
Village or City Name (No. St.; Ward) (If death nectrical is a hospital or institution, give lits NAME instead of street and number.) PERSONAL AND STATISTICAL PERTICULARS SEX 4 COLOR OR RACE 5 SHOOTHS (Write the word) OR DIVERGENS (Worth) (Day) (Year) OR DIVERGENS (Mouth) (Day) (Year) TAGE If LESS than I last saw h allve on 3 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
Village or City Name (No. St.; Ward) (If death necerted is a hospital or institution, give its NAME in stead of institution, give its NAME in stead of number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SLINGTS, NAME IN SECRET OF DEATH BATE OF DEATH SEX 4 COLOR OR RACE 5 SLINGTS, NAME IN SECRET OF DEATH WITH SEX SEX (Month) (Day) (Year) TAGE If LESS than I day hrs. and that death occurred on the date stated above, at G. P TAGE If LESS than I day hrs. and that death occurred on the date stated above, at G. P Tage SOCCUPATION (a) Trade, profession or particular kind of work for particula
A hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S SEX
3 SEX 4 COLOR OR RACE 5 SINGES, MARKELD, WIDOWED (Write the word) 6 DATE OF BIRTH 7 AGE If LESS than I dayhrs. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the state of the state o
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8 OCCUPATION (a) Trade, profession or particular kind of work of in the control of work of in the control of industry (b) General nature of industry
(a) Trade, profession or particular kind of work from thack of in (b) General nature of industry
(b) General nature of industry
which employed or (employer)
(State or country) (Duration)
10 NAME OF A 9 9 (Signed) L. Handbur M.
9 Clands thomas #- 2. 1970 (Address) Mayside
OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental Subdict or Homisidal
2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Haspitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) At place of death yis. mos. ds. State,yrsmosdo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death?
(Informant) Gry Mad A To usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Shelf Courting 4-2-193
Filed 4 2 1930 J. S. Fradon 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. A.

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(Approved by U. S. ('ensus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salcsman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material in many

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Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Uraemia," "Weaknes." etc., when a definite disease taken. For violent duaths state means of injury "Puerperal septicaemia:""Puerperal peritonitie," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustlen." "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Amaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.: Bronchopmeumonia stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), Example: Mensics (disease Always qualify all (merely (secondnot be "Con-

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If more blanks are needed, address State Registrate 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as AccideNTAL, suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as can be ascertained as the cause. rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Poisoned by carbolic acid—probably suicide. "PUERPERAL septicacmia," "PUERPERAL peritonitis," - etc. "Dropsy," "Exhaustion," "Heart failure." "Haemoreausing death), 29 ds.; Bronchopneumonia stated uuless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; a void unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debillty" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Alweys qualify all "Coma," "Con-(merely The na-(second-(discase

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in ClassWard) a hospital or institu-tion, give its NAME inroperly class stead of street and number.) of certif stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. PERMANEN 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. be may be WIDOWED. (Write the word (Month)(Day)..... 17 That I attended the deceased from 6 DATE OF BIRTH insfructions ACE s ralive on..... (Day) (Year) that I last saw h (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 80 Ĭ. supplied terms RESERVED 8 OCCUPATION 99 (a) Trade, profession or E S particular kind of work EATH in plair important. (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) 20 10 NAME OF 31 0 (Address) Sho 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from tent Causes, state (1) Means of Loury and (2) Whether OF FATHER Violent Causes, state (1) Means of (State or count) 20 Accidental, Suicidal or Homicidal. ш 12 MAIDEN NAME 04 informa 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER PIP (State or country Where was disease contracted, should ent of if not at place of death?. 14 THE ABOVE IS Every Item CIANS sho statement usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL (Address) 20 MNDERTAKI Balto., Requesting V. S. No. 1. If more blanks

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No.

See Instructions

	PLACE OF DEATH	07166
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Villa	age or City Maysile (No,	
1	2 FULL NAME Williams Wan	a gla
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4	10 NAME OF Halleau Franch	(Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Kittsburgh. Pa.	*State the Violent Causes,
PAR	12 MAIDEN NAME Josephine Comstead	Accidental, Suid 18 LENGTH OF Income in the control of the contro
+	13 BIRTHPLACE OF MOTHER (State or country) Fillsburgh Pa,	At place of death yrs
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cor if not at place of death
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	my And Pactoria Inde	19 PLACE OF BUI
15	(Address)/ Mary Cartha	Stulop
	1 22 22 7 1 76	20 UNDERTAKER

6 DATE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 0

(If death occurred in a hospital or institu-tion, give its NAME in-......Ward) stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the decessed from
6 . 7 - 19\$0, 10 6 - 23 - 19\$0
that I last saw h wa alive on 6- 2/ - , 1820
and that death occurred on the dete stated above, at . 4. M., m.
The CAUSE OF DEATH & was as follows:
Exhaution
Contributory Secondary
(Duration)
(Signed) P. R. Hagdon M. D.
6 - 24- 198.0. (Address) Naysual
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
At place of death yrs mos da. State, yrs mos da.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Stritoh Cumiling 1600 252, 103 4

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death. (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meninglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by curbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." "Debility" ("Congenital," "Senile," etc.),
"Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. vulsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" (name origin; "Cancer" is less definite; avoid inges. peritonueum. etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS state MEANS OF INJURY for malignant neoplasms); Meastes; (Recommendations on state-Example: Mensles (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	09153 STATE OF MARYLAND
County & SUMME	CERTIFICATE OF DEATH
	Registration Dist. No. / 0 /
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Barlara F	Weber, tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenus Hute Single, MARRIED, Jungle OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 2, 1980, (Month) (Day) (Year)
Month (Day) (Year)	17 JI HEREBY CERTIFY, That I attended the deceased from 192, that Mast saw & Co. alive on July 30, 1920.
yrsmosds. If LESS than I dayhrs. ormin.?	and that death occurred on the data stated above, at O
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country Charle Co. Md.	Contributory Secondary (Duration) A18
10 NAME OF FATHER WILLY, WELLY,	(Signed) / Signed M. D. (Signed) M. D. (Address) Ric gal, Mil
State or country) Charle Co, Mg.	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Unjury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Beatrice & prement	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charle On Mid	At place yrs mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Deatrice J. Jemust	usual residence
(Address) Pusing My	musicle, and July 8, 180
15 Filed augst & 1930 TR Southerdenson	as Lemma Service No.

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balty, Requesting V. S. No. 1.

S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as Lag laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer (ro or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, The ques-""", Deal-

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably sweide. The nature of the injury, as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scpticacnia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic and consequences (e. g., sepsis, etc. valvular heart disease; Nomenclature of the The contributory

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N.

	(16650 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARYLAND
County Sarlie	CERTIFICATE OF DEATH
7/1/1/1	Registration Dist. No. 1010
Village or City Stione Stageno. Wymowl	St.: Ward) (If death occurred in a hospital or institu-
01 0 P 10	tion, give its NAME in- stead of etreet and
2FULL NAME CHARLES 1	edding.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Such	16 DATE OF DEATH MINED 8 1183 1.
Male Mute, WIDOWED, OR DIVORCED (Write the word)	(Month)—(Day) (Year)
6 DATE OF BIRTH	17 HEREBY SERTIFY, That I attended the deceased from
Oct 12 1979	1925 (to , 192 .
(Month) (Day) (Year)	that I fast eaw h alive on 192 ,
7 AGE If LESS than	and that death occured on the date stated above, at
yrs. 7 mos. 2 7 ds or min.?	The CAUSE OF DEATH * was be follows:
8 OCCUPATION /	
(a) Trade, profession or particular kind of work	- O
(b) General nature of industry business, or establishment in	(Duration) yrs. m28 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) / / / / / / / / / / / / / / / / / / /	Secondary
1 10 NAME OF 1/ DO 20- 1/1	Quration yra mos and a
FATHER Warry P. Widding.	(Signed) Biscola Discola
11 BIRTHPLACE AND A A	(Address) Death by In deaths from
OF FATHER Clarke . Ind.	*State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Froid Liland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or country) Charles Co, Mid.	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1 24. Skedding	Former or usual residence.
(Address) Action Dead, MO.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	2D UNDERTAKER
Filed 1930 Mugh Ma Registrar	file home Adion day the
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. Civil engineer. Physician, Compositor, the first line will be sufficient, e.g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation As e amples : (o)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on lclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, " Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Example: Mcasles (disease etc. valeular heart disease; Nomenclature The contributory

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. (Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as Chronic Example: Measles (disease chopneumonia (secondary) affection need etc. The contributory valvular heart Always qualify all not be discase;

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19154 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in e stated EXACT properly class of certificate. Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ANEN 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be ould be may be n back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from terms so that (Month) (Day) (Year) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: upplied RESERVED ds. or min.? mos. B OCCUPATION 99 (a) Trade, profession or particular kind of work pial (b) General nature of industry business, or establishment in UNFADING Duration) n which employed or (employer) be car impo Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 500 10 NAME OF (Signe 12 F 6 FATHER 00 11 BIRTHPLACE o lu OF FATHER AUS! *State the Disease Causing Death, of, Violent Causes, state (1) Means of Injury *State the Disease Causing Death, in deaths from and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-PA OF MOTHER ients or Recent Residents) stat 13 BIRTHPLACE At place of death In the OF MOTHER (State or country) 00 Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE shot Every item CIANS sho statement Former or usual residence. OF BURIA ADDRESS 20 UN Filed Clug Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

2 94

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V. S. No. 1

N. B.

1.5

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
0-4011	Registration Dist. No.
Village or City or ONacco (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Fromcis Lavier	Welch . tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 1936
Male White Single, MARRIED, WIDOWGE, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw handalive on The C. B. 192.9.
7 AGE 25 yrs. // mos. / ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Charles Co. Mid.	Contributory Secondary [Durston] J. yis
10 NAME OF Benji B. Welch	(Signed) Cho. C. Biblinell M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Millar,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Clarke Ce, Md,	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Ishly Mattingly, (Address) Usgal Duff	19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL OUL John M. 1930
Filed Can 3 1930 Ta Southerland Registrar	Comas & Penu ha Plata Me
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S.: Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servont, Cook, Housenwid, etc. If the occupation has been changed ployed, as .1t school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal name, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Former or Plonler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foremun, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a yrs). without more precise specification as Day For persons who have no occupation single word or term on As examples: (o) (b) Grocery,

Statement of Cause of Death—Name, first, the Distance Cause of Death—Name, first, the Distance Causation of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only, definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi eausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

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và

Filed Syst 22 1930

PLACE OF DEATH County Chose Village or City Nacy Jest (No	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 103 Stat. Ward) Ward (If death occurred in a hospit 1 or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH S Spl 2 2 , 1980
Seff Q , 1 9 5 (Month) (Day) (Year)	that I last saw h alive on 192, 192,
7 AGE	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Skee Bon. Mocles feel. (Duration) yes, mos., ds. Contributory
10 NAME OF FATHER 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE	Secondary (Duration) (Signed) (Signed) (Address) (Duration) (Burstion) (Burstion)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Clasel Hewlers 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Address) New Late	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sell 2 2 19 30

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer Ce or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a loborer, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer. Laborer-Coal mine, etc. Womyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

EASE CALSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same diselse. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dividheria avoid use of "Croup"); Spinal meningitis"); Dividheria avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Coreinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of corbolic acid-probably suicide. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a liquistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

d			(15 M) CTATE OF MADVI AND
X	ao	PLACE OF DEATH	01574 STATE OF MARYLAND
	90	County Charles	CERTIFICATE OF DEATH
	ed.		Registration Dist. No.
X &	1 E	Village or City MT Lunia (No.	St.: Ward) (If death occurred in a hospital or institu-
Y &	to so	2 31	tion give its NAME ir-
	fica fi	2FULL NAME SULO (1900)	Wastern street and number.)
	operly certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EZ	o o	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 9 1000
O Z Z	De A	F WIDOWED. OR DIVORCED (Write the word)	
DIN	may n ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
BIN PE	t n	2-16- 1570	
~	CE s	(Month) (Day) (Year	that I lest saw h silve on 192
0		7 AGE	and that deeth occured on the date stated above, at
T SI	e se stru	I dayhrs.	The CAUSE OF DEATH * was as follows:
TH	upplie terms se inst	yrsds. ormin.}	
RY.	- 4	8 OCCUPATION (a) I rade, profession or	4 William Comment
SEF	ain sin	particular kind of work (b) General nature of industry	1,50,000
G E	nefu in pl	business, or establishment in which employed or (employer)	(Duration) yra mos da
Z	H I	9 BIRTHPLACE	Contributory
AD	ATA	(State or country)	(Duration) pyrsmosde.
ARGI	DE	10 NAME OF	(Signed) J. J. Stygod M. D.
X	D V &	FATHER D.V. Myllin	2-16-193 (Address) // / Marpuch
Ē	N E O	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
	250	Z (State or country)	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
7	to	of MOTHER Mary Prown	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- lents or Recent Residents)
Z.	00-	13 BIRTHPLACE	At place in the
	d st	OF MOTHER (State or country)	When wer disease contracted
1	020	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	em sho	(Informant) Mary 12 rows	usual residence
5	IS IS	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	Every Item CIANS sho statement	(Address) / W U U WWW	my heloring Japan 2 76. 10.
ó	MO @	18 Filed 2 76 798V of Rothydre	20 UNDERTAKER 1 1-11
Z	00	Registres	2 m My win by a colored

If more banks are needed, address State Registrar, 16 W. Saretoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, wörk, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. conjution is very important, so that the relative health. Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Industry preumonia. Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart name," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PJERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage Chronic interstitial nephritis, Whooping approved by Committee on American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory ralvular Nomenclature heart disease;

If this certificate is I oked over thoroughly and all questions answered in devail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

Exact B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, P CIANS should state USE OF DEATH in plain terms so that it may be properly classified. statement of OCCUP. ON is very important. See instructions on back of certificate. ÓRD PERMANEN MARGIN RESERVED FOR 11TH UNFADING INK---THIS ż

BINDING

V. E. No. 1

PLACE OF DEATH	01575 STATE OF MARYLAND
County Charice	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Ma. Victoria No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stend of street and number.)
PERSÖNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 13 , 123) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
2 - 15 - 1530 (Month) (Day) (Year)	that I last saw h alive on 192 192
7 AGE If LESS than I day hrs. yrs. mos. ds. or min.?	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work	Primature
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos de
9 BIRTHPLACE (State or country)	Secondary (Durstion)
10 NAME OF SIVE Whiles	(Signed) 5. Otz ston M. D. 2. 16-1927 (Address) / Pansise
US 11 BIRTHPLACE OF FATHER (State or country)	*State the Disesse Causing Death, or, in desthe from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal.
of MOTHER MAN Brown	18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transfents or Recent Residents)
13 DIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) hard letonia	Private in Section 2 - 1933
15 Filed 2-16- 1928 J. R. Hidon	20 UNBERTAKER Protes for Tectoria
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fillness of various pursuits can be known. capation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househou ehold only (not paid Housckeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin: "Cancer" is less definite; avoid approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart disease; The contributory Measles

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Never return "Lahorer," "Foreman," "Manager." "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISSASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or yrs). Farm laborer, (b) Colton mill; (a) Salesman, (b) At Home, and children, (b) For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully emcugineer, Grocery;

Statement of Cause of Death—Name, first, the pis-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dimbharia avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perdonilis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory

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Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphole fever (the only definite synonym is "Epidemic cerebraphole spinal meningitis"); Diphtheria (avoid use of "Chapp"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease, etc. The contributory

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(A) 50	PLACE OF DEATH	12366
CIAN ment of	County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
HYSICIAN	2 0 10/-	Registration Dist. No. / A
TLY. P	Village or City Rule Waynerd B.	St; Ward) [It death eccorred to a hospital or institution, give its NAME instead of street and number.]
RECO. EXAC siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
77 99	Male white 5 SINGLE MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH QQ 27, 107
N D I N G ERMANENT id be stated properly cla	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
hound be con	(Month) (Day) , 19/5	that I last saw h alive on, 191
IS IS	7 AGE It LESS than 1 day, hrs.	and that death occurred on the date stated above, at
HIS Hit it	B OCCUPATION OR MIN. ?	Motor-Cycle acedent
SUPPLIED SUPPLIED S, SO that stions on	naricular kind of work	Brown Dodk - L. D. J.
	(b) General nature of industry business, or establishment in which employed (or employer)	of Skull Mouth stemmants
NFADINC carefully dain term	BIRTHPLACE (State or country)	Contributory
H in So	10 NAME OF POLL D	(Signed) Quality Company (Buration) yrs. p. mes. 40
WIT WIT	U BIRTHPLACE OF FATHER (State or country) Chas. Co. Snd.	Doto 29 . 1880 (Address) afeting Corone
T S S O O	C 12 MAIDEN NAME	*State the Distanc Causing Death, or, in doubts from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal of Homicidal.
PLA	a Josephine & right	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
Info	OF MOTHER Co. and.	At place in the of death yrsmes de. Stats,yrs mos de Where was disease contracted.
Z to o T	(laformant) Setur 2. Wheeler	if not al place of death? Former or
ry iter	(Address) Manhama Tond	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every to Should OCCUF	16 Oct 07 10 0	Marbury, md, Oct, 29, 108.
	Flod (COS 2) 1976 / Woulderland	Undertaker Address W. D. J. S.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Houseksepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary engineer, Stationary fireman, etc. cum, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plunter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-("ivil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningingularity and alified. is indefinite); Tuberculosis of lungs, meninging the same content of the preumonia indefinite); Tuberculosis of lungs, meninging the same cause of the preumonia indefinite); Tuberculosis of lungs, meninging the same cause of the preumonia indefinite); Tuberculosis of lungs, meninging the preumonia indefinite indefin

cough; Chronic vulnulur heurt disease; ('hronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping ges, peritonaeum, etc., l'arcinoma, Sarcoma, etc., of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably The nature of the injury, as fracture of skull, (mercly symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Atrophy," "Colreport mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the optificate is permanently filed.

S. No. 1

N. B.

PLACE OF DEATH County Clearles.	09155 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1021
Village or City Asucactor . (No.	
Village or City Gonzaler, (No. 2FULL NAME Seter L. Wheel	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale White Single, Married, Wildowed Warried (Write the word)	16 DATE OF DEATH Cucy, 10 , 1900
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 00 1852	, 192 , to, 192 ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Ulf LESS than	and that death occurred on the date stated above, atm,
78 yrs. / mos. //ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Ortordes clerosis.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos de,
9 BIRTHPLACE (State or country) Charles Co. Ind.	Contributory Secondary (Dyration)
10 NAME OF Cypus Wheeler	(Signed) Ger C, Bicknell M. D. Rug 10 1930 (Address) Pingal Md
OF FATHER (State or country) Charles Co. Md.	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OSULL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charles & Md.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Leter Whuler Jr.	Former or usual residence
(Address) Marlury, Ond	Olicamusen Md Oug/1, 1930.
15 File august 10 1920 It Maddot	2D UNDERTAKER ADDRESS POR

If more bianks are needed, addre.s tate Registrar, 16 W. Saratoga St., Batta, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without laborer, Laborer-laborer, Farm laborer, Laborer tired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits ean be known. cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; mun, (b) Automobile factory. The material without · more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many -Coal minc, etc. Wom-Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from ehildbirth or miscarriage as can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and eonsequences (e. g., sepsis, etc. valvular heart disease; Nomenclature of the The contributory "Shock,"

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD A PERMANENTA WITH UNFADING INK--THIS IS

BINDING

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
** In The state of the second state of the second s	
141 -1	Registration Dist. No.
Village or City ht clony (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2-1- 1	tion, give its NAME in-
2FULL NAME Sulp 1	huler number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	2 - 2 , 1957
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2- 21-, 1930	7
(Month) (Day) (Year)	that I last saw h alive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day hrs.	
yrs. mos. ds. or min.?	
6 OCCUPATION	Still
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration)yrstnosds.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duretion) ytsmosds,
TO NAME OF AUTOMATION	7086
FATHER Steller While	
U 11 BIRTHPLACE	2. 21 1930 (Address) Mayfine
Z (State or country)	*State the Disease Causing Death, of In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER for Burting for	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1 1 -	Former or
(Informant) burlingle Find	usual residence
(1) 1/4 / (1)	
(Address) W U U	Must Halton push 2- 21 -19 30
15 Filed 2-21- 1980 T. P. Stra for	20 UNDERTAKER ADDRESS
Registrar	hed Fords IntVictoria
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. en at home, who are engaged in the duties of the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusine, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrant, Cook ployed. us At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"danius) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaenta," "PUERPERAL parilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely Recommendations on statement of cause of "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection ('hronic valvular heart etc. The contributory Nomenclature need disease, not be

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state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up ou account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, Whatever, write None. tired 6 yrs.). to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal. fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoia fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsious." symptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," ctc.), Never report mere symptoms or terminal (Recommendations on state-"Coma," "Con-Measles; (second-

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PLACE OF DEATH STATE OF MARYLAND 6375 CERTIFICATE OF DEATH County Registration Dist. No. / tated EXACTL roperly classificate. (If death occurred in Village or City St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. ANEN 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. be WIDOW may be OR DIVORCED (Write the word) (Month) (Year) HERERY CERTIEY. That I attended the deceased fr 6 DATE OF BIRTH 0 oplied. ACE sharms so that it (Month) (Year) (Day) IIf LESS than 7 AGE I day hrs. upplied. ESERVED min.? 8 OCCUPATION 99 (a) Trade, profession or S particular kind of work uily (b) General nature of industry business, or establishment in _ importa which employed or (employer) Contributory Canal a TH MARGIN 9 BIRTHPLACE Secondary (State or country 04 DE 00 10 NAME OF 311 00 1927 (Address) 11 BIRTHPLACE (O LL) *State the I is ease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CWZ 20 Ш 12 MAIDEN NAM 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 0 ients (Recent Residents) CC 13 BIRTHPLACE, Infor In the At place OF MOTHER Ow State. yrs.....ds. of deat PIL (State or county Where was disease contracted, if not at place of des.h?.. of 14 THE ABOVE IS/T shot Every Item CIANS sho statement Former or usual residence. ODR Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Collon mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, VIII Age,
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bre chopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol . (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronic valvular heart disease; etc. The contributory

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the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of filness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile feetory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many er," etc., tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a tuborer, Farm laborer, en at home, with are Never return 'Laborer,""Foreman," "Manager," "Dcalworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation are engaged in the duties of the Laborer-Coal mine, etc. Wommaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," Und Age, Durch, "Uraemia," "Weakness," etc., when a definite disease causing death, 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) cough; for malignant neoplasms); Chronic etc. valvular heart disease; The contributory Measles ;

If this certificate is a check over thoroughly and a.I questions answered in defail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH be stated EXACT be properly class PERSONAL AND STATISTICAL PERMANEN 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH that (Day) 7 AGE 80 I day hrs. BOCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary (State or country 10 NAME OF (Signed) 11 BIRTHPLACE LZ S Z (State or country) 30 Causes, ш 12 MAIDEN NAME œ OF MOTHER stat 13 BIRTHPLACE At place OF MOTHER (State or Country 00 Where was disease contracted, if not at place of dee.h?..... Every Item CIANS sho statement Former or usual readence (Informant) Filed May

05473 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 100

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY. That I attended the deceased from

If LESS than and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows:

(Durstion)

M. D.

Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the

If more branks are needed, address State Registrar, 16 W. Ssratega St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stinns answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

06652

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

2FUL NAME BARAL Ellose	St: Ward) St: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Weits the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on May 5, 1930,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Chance To Euchymatown
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER SOLL STORES	(Signed) M. D. 1929 (Address) Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds.
(Informant) Blace House Comment (Address) Megales Market	Former or usual residence
Filed 6/5 19230 Com Oheppeleas	The state of the s

If more bianks are needed, address State Registrar, 16 W. Saratona St., Balto., Requesting V. S. No. 1.

M ż

(Approved by U. S. Census and American Public Health Association.)

busines, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (o) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile foctory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Wom-For persons who have no occupation Salesman. (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." earbolic ocid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary Chronic interstitiol nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Careinoma, Sorcoma, etc., o: or intercurrent) affection need not be Chronie Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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PHYSItion should be carefully supplied. ACE should be stated EXACTLY PAUSE OF DEATH in plain terms so that it may be properly classified. FION is very important. See Instructions on back of certificate. PERMANEN WITH UNFADING INK--THIS CIANS should statestatement of OCCUP N. B.

BINDING

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	07948 STATE OF MARYLAND
County Challas	CERTIFICATE OF DEATH
$\Lambda \mathcal{A}$.	Registration Dist. No. 108
Village or City III Des (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the wood)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	
a occupation (a) Trade, profession or particular kind of work	Gramatiene Birth
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds,
10 NAME OF FATHER NOTY Ellow Blaced	(Signed) M. D.
υ 11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Deam, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ANE AME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Nerry Woodland.	Former or usual residence
(Address) Deel Down III d.	Stone trans Country Leele 19 1930
Filed 7/12 1980 En Shappelian Registrar	20 UN DERTAKER LATER ACTION DEN Bois
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) whatever, write Nanc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Hausewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, ar At hame. Care should be taken work, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Hausekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Hame, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cattan mill; (a) Salesman. without more precise specification as Day Compasitor, Architect, Locamotive engineer, For persons who have no occupation 6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumania, Branchapneumonia ("Pneumonia,")

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Scnile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinama, Sarcama, etc., of unqualified, is indefinite); Tuberculosis af lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid caugh; Chranic valvular heart disease; Example: Measles (disease etc. The contributory

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on back

See instructions

that

V. 8. No.

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13	
St-	PLACE OF D
, Wi	County CU
0	

Village or City_

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /0/

Manury	(No		***		 	**********	St.:	Wa
//		-	_	1				

(If death occurred In a hospital or institu-tion, give its NAME in-stead of street and number.)

FULL NAME	July	1.6.
	/	

2FULL NAME / MAG					
PERSONAL AND STATISTICAL PARTICULARS					
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)					
S DATE OF BIRTH Sep. 28, 1930					
(Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.?					
coccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)					
(State or country) Charles Co. Md,					
10 NAME OF FATHER Scelly Mright, 11 BIRTHPLACE OF FATHER (State or country) Clarke Co. Md 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Clarke Co. Mother (State or country) Clarke Co. MY KNOWLEDGE					
4 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE					

16 DATE OF DEATH	Sel		3 , 19	30
17 I HEREBY C	W		ay)(
	192 to			192
that I last saw hs	live on	••••••		192
and that death occurred	on the date	stated abov	e, at	n
The CAUSE OF DEATH	* was as follo	owe:		
Su	word	n.		
66		1		

	(Duration)yrs.	mos	ds
Contributory Secondary				
	(Duratio	2)y(s	тов	ds
(Signed) / Ceo,	0,	De'CV	nell	. M. D
Nep28 1930	(Duratio	Poing	ah C	nd
*State the Disea Violent Causes, state Accidental, Suicidal or	se Causing (1) Means Homicidal.	Death, or, of Injury	in deaths and (2) Wh	from ether
18 LENGTH OF RESID		Hospitals,	Institutions,	Trans
ients or Recent Resid	ents)			
At place of deathyrsmos.	ds.	In the State	.yrsmos	ds
Where was disease contract if not at place of death?	ed,			· · · · · · · · · · · · · · · · · · ·

MEDICAL CERTIFICATE OF DEATH

(Address)

Registrat

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At sehool, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid ("Pneumonia")); Typhoid fever (never report "Typhoid Fever (never report "T

American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as accidental, suicidal or homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknoss," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); approved by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sareoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on "Heart failure," "Haemorrhage," Chronie Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles ;

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	PLACE OF PEATH
	County Clarles,
Vil	lage or City Markery, (No.
-	PERSONAL AND STATISTICAL PARTICULARS
3 9	La civici à
6 [DATE OF BIRTH
	(Month) (Day) (Fear)
7 A	If LESS than I day hrs. or min.?
(b)	Trade, profession or articular kind of work O) General nature of industry usiness, or establishment in thich employed or (employer)
9 8	(State or country) Charles, Ce, 2nd.
	1D NAME OF Jally Wright
RENTS	OF FATHER (State or country)
PARE	12 MAIDEN NAME OF MOTHER OLD Champsen "
	13 BIRTHPLACE OF MOTHER (State or country) Walls & My
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Dillsight

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

.....Ward)

(If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH	6 2	8 , 1930		
(Mont	h)(Da	y)(Year)		
17 I HEREBY CERTIFY, Th.				
192 to		, 192		
that 1 last saw halive on		, 192,		
and that death occurred on the date	stated above	, atm.		
The CAUSE OF DEATH * was as foll				
- Cullion	W:	0000 p. 00000 0000 0000 0000 0000 0000		
(Duration	n)yrs	ds.		
Contributory				
(Signed)	Dich	mos ds, M. D in deaths from ind (2) Whether		
18 LENGTH OF RESIDENCE (For ients or Recent Residents)				
At place of deathyrsmoads.	In the State	vrsds.		
Where was disease contracted, if not at place of death?	•••••••••			
Former or usual residence				
Ours Prade,	rd de	\$28, 3d.		
2D UNDERTAKER	DADE	RESS		

(Address)

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Bato., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, tion applies to each and every fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinul fever (the only definite synonym is "Epidemic eerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaenia" (merely symptomeausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; " "Weakness," etc., when a definite disease "Heart failure," "Ifaemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. affection need not be valvular heart disease; The contributory

If this destificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

COT 6 19 SUREAU

PLACE OF DEATH	
County Charles	-

14228

90

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Wiconico (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH (Month) MY: (Day) 26 (Year) 930
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct. 5 1930. to Mov. 26 , 1930. that I last saw have alive on Mov. 24 , 1930.
yrs. / J mos. / J ds. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at 9 2 m. The CAUSE OF DEATH * was as follows: Mutual unsufficiency enducated the
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Mean Musonness	Contributory Secondary (Duration) yrs. 3 mos. ds. (Duration) yrs. mos. 3 ds.
10 NAME OF FATHER William Joseph Yates 11 BIRTHPLACE OF FATHER (State or country) Mean Muranusc	(Signed) Clayer C. Well M. D. Mov. 77 1920 (Address) Clay Liss Md *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Hutto Rehesca Knatt- 13 BIRTHPLACE OF MOTHER (State or country) near luncomies	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds, Where was disease contracted,
(Informant) William tough Yatts (Address) Wicomore and -	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MOVI 28, 1930 20 UNDENTAKER ADDRESS Charles Mul.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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